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Level of NCLEX-RN

Exam Practice

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List of Tables

1. Type and Length of Orientation	16
2. Additional Coursework/Certifications	17
3. Employing Facilities	17
4. Employment Setting Characteristics	19
5. Practice Settings	20
6. Average Time Spent in Different Categories of Nursing Activities	22
7. Administrative Responsibilities	23
8. Alternative/Complementary Therapies Used in Entry Level Practice	23
9. Activity Applicability to Setting and Average Frequency of Performance and Priority Ratings	27-32
10. Average Frequency and Priority Item Ratings from RN PAS Survey and RN PAS SME Panel, Sorted by Priority Rating Differences	33-43
11. Knowledge Category Importance and Usage	45-46
12. Knowledge Category/Activity Item Linkages	48-57



- 1. Gender of Newly Licensed Nurses in 1999 and 2002 15
- 2. Race/Ethnicity of Newly Licensed Nurses in 1999 and 2002 15
- 3. Educational Programs of Newly Licensed Nurses in 1999 and 2002 . . . 15
- 4. Average Months Since Graduation and Months Employed 16
- 5. Previous Experience as NA or LPN/VN of
Newly Licensed Nurses in 1999 and 2002 16
- 6. Percentages of Newly Licensed RNs Caring for Clients with
Different Types of Health Conditions in 1999 and 2002. 19
- 7. Percentages of Newly Licensed RNs Caring for Clients of
Different Ages in 1999 and 2002 21
- 8. Newly Licensed RN Shifts Worked in 1999 and 2002 23

Ac ed e

This study would not have been possible without support from a large number of newly licensed nurses from all parts of the United States. The time and attention they gave to completing the survey is greatly appreciated, and the information they provided has increased our understanding of the work performed by entry-level registered nurses. The authors also gratefully acknowledge the assistance of Lamika Obichere in coordinating the study, and the 2001-2002 NCSBN Examination Committee for its review and support of this research endeavor. Finally, the assistance of Amy Bird in preparation of this document was essential to completion of this study.

J.S., L.C.

The National Council of State Boards of Nursing, Inc. (NCSBN) is responsible to its members – the boards of nursing in the United States and its five territories – for the preparation of psychometrically sound and legally defensible licensure examinations. The periodic performance of practice analysis (i.e., job analysis) studies assists NCSBN in evaluating the validity of the test plan that guides content distribution of the licensure examination. Because changes can occur in registered nurse (RN) practice, practice analysis studies are conducted on a three-year cycle.

A number of steps were necessary for the completion of this practice analysis. A panel of subject matter experts was assembled, a questionnaire was developed and piloted, a sample of newly licensed nurses was selected, and data were collected and analyzed.

Panel of Subject Matter Experts

A panel of 10 registered nurses was assembled to assist with the practice analysis. Panel members all worked with and/or supervised the practice of registered nurses within their first six months of practice and represented all geographic areas of the country and all major nursing specialties.

The panel members created a task category structure describing the types of activities performed by new nurses and identified the new nurse activities performed within each category of the structure. They

also created a list of 18 categories of knowledge needed to perform nursing within the first six months of practice, and linked the 18 knowledge categories to the activity items.

Questionnaire Development

A total of 137 activity items and 18 knowledge categories were incorporated into a practice analysis survey. The survey also included questions about the nurses' practice settings, past experiences and demographics. The survey was pilot tested to explore the clarity and efficacy of the survey questions and instructions. The pilot study, performed in May and June of 2002, revealed that the survey was too long and instructions for completing the priority ratings needed improvement.

The questionnaire was thus modified. Two forms of the survey were created to decrease the number of activity items contained on each. Twenty-five of the activity items were included on both survey forms. The remaining 112 activity items were randomly selected for placement on the two survey forms. The resulting surveys each contained 81 activity items. Besides the 56 activity items unique to the individual forms, the two survey questionnaires were identical.

Survey Process

A stratified random sample of 4,000 RNs was selected from lists of candidates successful on the NCLEX-RN® examination between March 1, 2002, and May 31, 2002. The sample

was stratified by type of basic nursing education and by area of the country, with processes being used to include representative numbers of subjects from each NCSBN jurisdiction. Representative numbers of successful candidates educated in foreign countries were also included. The sample selected for this study was proportionally equivalent to the population from which the sample was drawn in terms of area of the country, type of basic nursing education program, subject ethnicity and subject gender.

A five-stage mailing process was used to engage participants in the study. All potential participants were promised confidentiality with regard to their participation and their responses. The survey was conducted October through November 2002.

Return Rates

A total of 190 of the 4,000 surveys were mailed to bad addresses. There were 1,552 returned for an overall 40.7% return rate. Of the 1,552 surveys received, 25 were unable to be analyzed, 118 respondents reported they were not working in nursing, and 92 either reported spending less than an average of 20 hours per week in direct client care or failed to answer that question on the survey. That left 1,317 analyzable surveys or 34.6% of delivered questionnaires.

Demographics, Experiences and Practice Environments of Participants

Demographics/Past Experiences

The majority of survey respondents

more certifications or completed additional coursework since graduating from their basic nursing programs. Basic Life Support (65.1%), Intravenous Therapy (33.2%), and Advanced Cardiac Life Support (26.6%) were the most frequently reported certifications.

Facilities

The majority (84.1%) of newly licensed nurses in this study reported working in hospitals. Only 5.2% reported working in community-based facilities and 9.8% reported working in long-term care. The numbers of beds reported in employing hospitals or nursing homes were mostly distributed among 100-299 beds (31.1%), 300-499 beds (25.5%), and 500 or more beds (24.2%), with only 11.6% reporting work in facilities of under 100 beds. Most of the respondents (60.8%) reported working in urban or metropolitan areas; 27.3% worked in suburban areas; and 11.9% were in rural areas.

Practice Settings

Overall, respondents reported working most in the medical/surgical (39.8%) and critical care (30.9%) settings. Nursing homes were reported as the employment setting of 10.5% of respondents, and 6.2% reported working in pediatrics.

Types and Ages of Clients

The newly licensed nurses reported caring most frequently for acutely ill clients (65.1%), clients with stable chronic conditions (32.6%), clients with unstable chronic conditions (24.8%), and clients at end of life (23.5%). The majority of respondents reported caring for adult clients aged 31 to 64 (62.6%), elder-

ly clients aged 65 to 85 (58.8%), young adult clients aged 19 to 30 (22.6%) and clients over the age of 85 (22.6%).

Shifts Worked

The shifts most commonly worked continued to be days (38.6%) and nights (38%). Only 10.6% reported working rotating shifts.

Time Spent in Different Categories of Nursing Activities

The respondents to the current study were asked to record the numbers of hours spent performing specific categories of activities. The RNs reported spending the greatest amount of time in assessment/evaluation activities (19%), performing medication-related activities (16%) and working within the health care team (14%), and the least amount on administrative/management activities (2%).

Administrative Responsibilities/ Primary Administrative Position

Out of all respondents, 29.9% reported having administrative responsibilities within their nursing positions and 10% of all respondents reported having a primary administrative position.

Activity Performance Findings

Representativeness of Activity Statements

The participants were asked whether the activities on their questionnaire forms represented what they actually did in their positions. A large majority (96.5%) indicated that the activities were representative of their current practice.

Applicability of Activities to Practice Setting

Respondents indicated if each of the activities was applicable to his or her work setting. The activities ranged from 16% applicability (16% of the respondents reported that the activity was performed within their work settings) to 100% (all of the respondents reported the activity was performed within their work settings).

Frequency of Activity Performance

Respondents were asked to rate the daily frequency of performance of all activities that were applicable to their work settings on a six-point scale: "0 times" to "5 times or more." Average frequency statistics were calculated in two ways: setting-specific frequency of activity performance and total group frequency. Average setting-specific frequencies ranged from 0.53 to 4.67. Average total group frequencies ranged from 0.17 to 4.65.

Priority of Activity Performance

The priority of performing each nursing activity was rated by participants in regard to the maintenance of client safety and/or threat of complications or distress on a 1 to 4 scale with 4 equaling the highest priority. The average priority values for the 137 nursing activities ranged from a low of 2.02 to a high of 3.86.

Knowledge Category Results

The subject matter expert panel for the 2002 RN Practice Analysis created and defined 18 categories of knowledge necessary for the performance of newly licensed nurses

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practice analysis studies are conducted on a three-year cycle. Additional studies are conducted each year to scan the practice environment for emerging changes and to discover possible differences in the entry-level practices of graduates of ADN and BSN programs.

The findings from the 2002 RN Practice Analysis are reported here in the ninth of a series of monographs called Research Briefs. These briefs provide the means to quickly disseminate NCSBN research findings.

After consideration and discussion the panel identified and defined a list of 18 knowledge categories.

Panel members then provided information necessary for validation of the practice analysis survey. After the activity items had undergone review and editing by the 2002 NCSBN Examination Committee, panel members individually provided information Comm. S9 categories.

settings, client characteristics and work schedules. The third section focused upon nursing activity performance and knowledge needed to practice entry-level nursing. The fourth section requested information on each respondent's last day of work including numbers of hours worked, numbers of clients for whom care was provided, and the amount of time spent in various types of nursing activities. The fifth section asked basic demographic information. The sixth and final section provided space for respondents to write comments or suggestions about the study. Form 1 of the survey questionnaire used in the 2002 RN Practice Analysis may be found in Appendix C.

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and 92 either reported spending less than an average of 20 hours per week in direct client care or failed to answer that question on the survey. That left 1,317 analyzable surveys or 34.6% of delivered questionnaires.

Summary

A panel of registered nurses expert in the practices of newly licensed nurses met and created a list of new nurse activities and a list of knowledge categories necessary for activity performance. A data collection instrument was piloted and revised before being sent to 4,000 individuals selected at random from among all individuals who passed the NCLEX-RN® examination between March 1 and May 31, 2002. A 34.6% response rate of analyzable surveys was obtained. This practice analysis contains the responses of 1,317 newly licensed registered nurses.

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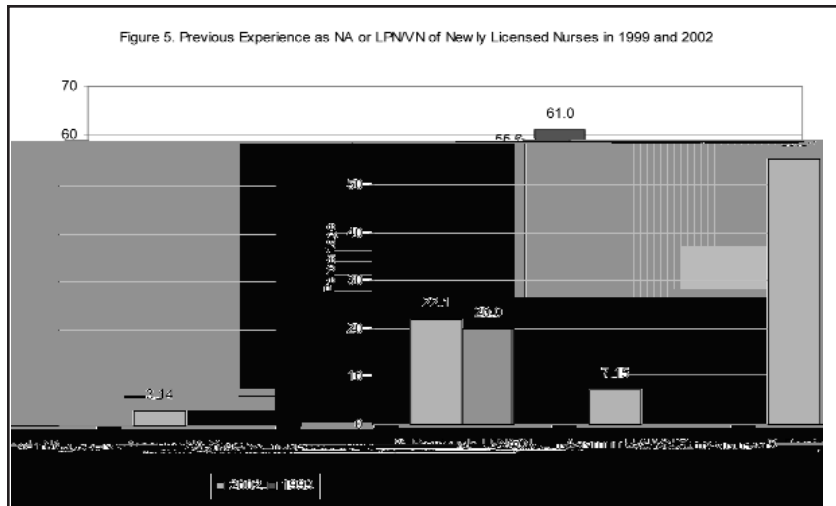
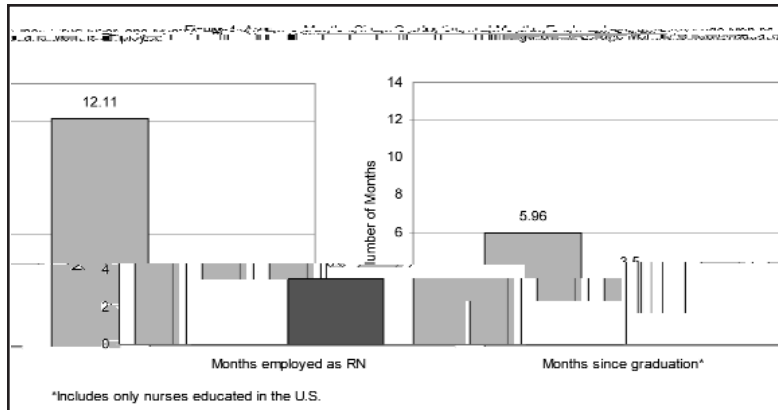


Table 1. Type and Length of Orientation

	%	Ave. Weeks
No formal orientation	5.5	—
Classroom instruction/skills lab only	0.7	3.7
Classroom and/or skills lab plus supervised work with patients	13.1	7.1

Area III: 31% pop., 32% sample, 30% responses; Area IV: 22% pop., 21% sample, 20% responses).

Orientation

Most of the respondents to the current study reported receiving some kind of orientation. No formal orientation was reported by 5.5%; and 0.7% reported having only classroom instruction or skills lab work for their orientations. The majority

499 beds (25.5%), and 500 or more beds (24.2%), with only 11.6% reporting work in facilities of under 100 beds (Tab 4). Most of the respondents (60.8%) reported working in urban or metropolitan areas; 27.3% worked in suburban areas and 11.9% were in rural areas. These numbers were comparable to those found in the 1999 study (Hertz et al., 2000).

Practice Settings

Overall, respondents reported working most in the medical/surgical (39.8%) and critical care (30.9%) settings. Nursing homes were reported as the employment setting of 10.5% of respondents, and 6.2% reported working in pediatrics (Tab 5). This represented an increase in employment in critical care and nursing homes, and a decrease in pediatric employment compared to the 1999 RN Practice Analysis (Hertz et al., 2000). The differences in employment sites might be due to the inclusion of more foreign-educated nurses in the current study. Approximately 27% of the 146 nurses educated outside the U.S. reported working in nursing homes compared to about 3% of baccalaureate prepared nurses and 7% of associate degree nurses.

Types and Ages of Clients

The newly licensed nurses reported caring most frequently for acutely ill clients (65.1%), clients with stable chronic conditions (32.6%), clients with unstable chronic conditions (24.8%), and clients at end of life (23.5%). As noted in Figure 6, these numbers reflected a 5% increase in care of those with acute conditions and an equal decrease in the per-

centages caring for those with unstable chronic conditions. It is also noteworthy that the number reporting caring for clients with behavior/emotional conditions nearly doubled from 1999 (Hertz et al., 2000) to the present study (12.6% in 1999 to 23.2% in 2002).

The majority of respondents reported caring for adult clients aged 31 to 64 (62.6%), elderly clients aged 65 to 85 (58.8%), young adult clients aged 19 to 30 (22.6%) and elderly clients over the age of 85 (22.6%), as shown in Figure 7. These numbers were comparable to those reported in 1999 (Hertz et al., 2000).

Shifts Worked

The shifts most commonly worked continued to be days (38.6%) and nights (38%). Only 10.6% reported working rotating shifts. Compared to the 1999 findings (Hertz et al., 2000), in 2002 fewer respondents reported working evenings (12.8% in 2002 vs. 16.7% in 1999) and rotating shifts (10.6% in 2002 vs. 15.4% in 1999). See Figure 8 for shifts reported in 2002 and 1999.

Time Spent

type of activity at a time, such as teaching while giving medications or providing emotional support while giving routine care, these proportions did not sum to 100. In order to make the proportions of time spent in activities useful to the task of validating the *NCLEX-RN® Examination Test Plan*, the proportions were standardized by dividing the time spent in each category of activity by the sum of hours reportedly spent in all the activities. These standardized proportions have the advantage of summing to 100. The RNs reported spending the greatest amount of time in assessment/evaluation activities (19%), performing medication-related activities (16%) and working within the health care team (14%) and the least amount on administrative/management activities (2%).

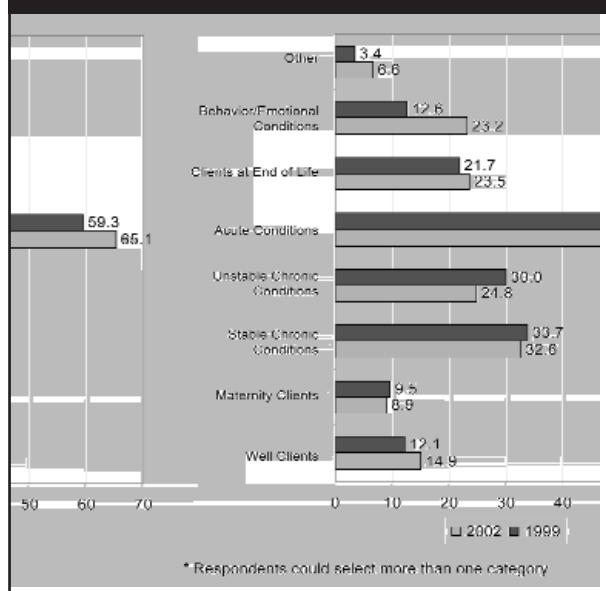
Administrative Responsibilities/Primary Administrative Position

The newly licensed nurses responding to the practice analysis survey were asked if they had administrative responsibilities within their nursing positions such as being a unit manager, a team leader, charge nurse, coordinator, etc. If they reported such responsibilities, they were asked if they had a primary administrative position. Of all respondents, 29.9% reported having such responsibilities and 10% of all respondents reported having a primary administrative position. As found in a past study (Smith & Crawford, 2002), the percentages reporting such responsibilities and positions varied by type of employing facility. Those working in long-

Table 4. Employment Setting Characteristics

Setting Characteristic	2002 (n=1,317) %	1999 (n=1,385) %
Number of Hospital or Nursing Home Beds		
Under 100 beds	11.6	11.6
100 - 299 beds	31.1	28.7
300 - 499 beds	25.5	25.7
500 or more beds	24.2	25.3
Don't know	7.7	8.7
Location of Employment		

Figure 6. Percentages of Newly Licensed RNs Caring for Clients with Different Types of Health Conditions in 1999 and 2002



term care facilities were three times as likely as those working in hospitals to report having administrative responsibilities (71.9% in long-term care vs. 23.1% in hospitals), and eight times more likely to report having an administrative position (41.3% of those working in long-term care reported having an administrative position compared to 5.3% of those working in hospitals). Of those working in community-based settings 50.8% reported having administrative responsibilities and 21.5% reported holding an administrative position (*Tab 7*).

Alternative/Complementary Therapies Used in Entry Level Practice

Respondents to the 2002 RN Practice Analysis were asked to indicate which, if any, alternative/complementary therapies they used in their current nursing positions. Most respondents (50.7%) indicated that they did not use alternative/complementary therapies. The most commonly used therapies were relaxation therapy (29.1%), massage therapy (13.3%) and music therapy (11.8%). The least used

Findings relative to the activities performed by newly licensed nurses are presented in this section of the report. The methods used to collect and analyze activity findings, the representativeness of activity statements, applicability to practice settings, frequency of performance and priority of the activities will be discussed. A validation of survey findings with estimates provided by the subject matter expert panel will also be provided.

Overview of

and providing care and/or support for clients with nonsubstance-related dependencies. The activities with the highest number of participants reporting performance applied to their work settings were those related to the provision of basic care such as determining if vital signs were normal, applying principles of infection control, providing and receiving reports, assessing the effectiveness of medications, etc. (*Tab 9*).

Frequency of Activity Performance

Respondents were asked to rate the frequency of performance of all activities that were applicable to their work settings. They reported how frequently they performed the activity on the last day they worked on a six-point scale: “0 times” to “5 times or more.” Average frequency statistics were calculated in two ways. The setting-specific frequency of activity performance was calculated by averaging the frequency ratings of those respondents providing ratings (those indicating that the activity applied to their work settings). The total group frequency was calculated by converting the missing frequency ratings to “0” before averaging the ratings. See Table 9 for setting-specific and total group frequency statistics.

Setting Specific

Average setting-specific frequencies ranged from 0.53 to 4.67. The activities performed with the lowest frequencies were “Provide care and/or support for client with non-substance-related dependencies” (0.53), “Report unsafe practice of health care provider” (0.64) and “Perform necessary postmortem procedures” (0.72). The activities with

the highest setting-specific average frequencies of performance were “Implement the 5 rights of medication administration” (4.67), “Apply principles of infection control” (4.65) and “Maintain client confidentiality/privacy” (4.55).

Total Group

Average total group frequencies ranged from 0.17 to 4.65. The activities performed with the lowest total group frequency were “Provide care and/or support for client with non-substance-related dependencies” (0.17), “Perform prenatal care” (0.21) and “Perform phototherapy” (0.27). Those activities performed with the overall highest frequencies were “Apply principles of infection control” (4.65), “Implement the 5 rights of medication administration” (4.4), and “Maintain client confidentiality/privacy” (4.31). Activities rank ordered by average total group frequency may be found in Appendix D.

Priority of Activity Performance

The priority of performing each nursing activity in regard to the maintenance of client safety and/or threat of complications or distress was determined by participants’ responses to the following question: “What is the priority of performing this nursing activity compared to the performance of other nursing activities?” Participants were further requested to consider the priority of activity performance in terms of client safety, namely risk of unnecessary complications, impairment of function, or serious distress to clients.

Priority ratings were calculated only for participants who stated that the activity applied to their settings.

Table 9. Activity Applicability to Setting and Average Frequency of Performance and Priority Ratings

#	Activity	Apply to Setting	Average Frequency (%)	Average Frequency Setting-Specific (0-5)	Average Priority Total Group (1-4)
1	Evaluate client's weight	95	2.34	2.12	2.66
3	Monitor and maintain client on a ventilator	49	1.53	0.72	3.39
4	Assess invasive monitoring data	62	1.65	1.01	3.05
5	Assess/triage clients to prioritize the order of care delivery	76	3.48	2.6	3.29

Table 9, continued

Apply to Setting	Average Frequency	Average Frequency Setting- Specific	Average Priority Total
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Table 9, continued

Apply to	Average	Average Frequency Setting-	Average Priority
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Table 9, continued

Average Frequency	Average P
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Table 10. Average Frequency and Priority Item Ratings from RN PAS Survey and RN PAS SME Panel, Sorted by Priority Rating Differences

Apply to Setting	Survey Results		SME Panel Estimates		Rating Differences	
	Average Frequency (Setting- g)	Average Frequency	Average Frequency (Setting- g)	Average Frequency	Setting-Specific	Total Group

Table 10, continued

Survey Results

SME Panel Estimates

Rating Difference

62	Perform emergency care procedures (e.g., cardiopulmonary resuscitation, Heimlich maneuver, respiratory support, etc.)	84	1.12	0.93	3.70	36	0.81	0.25	3.80	0.31	0.68	-0.10
76	Implement measures to manage/prevent possible complications of client's condition and/or procedure (i.e., circulatory complications, seizures, aspiration, potential neurological complications, etc.)	98	3.58	3.32	3.58	75	3.50	2.90	3.67	0.08	0.42	-0.09
131	Assure that client has given informed consent for treatment	94	2.37	2.15	3.42	76	2.20	1.58	3.50	0.17	0.57	-0.08
38	Adjust/titrate dosage of medication based on assessment of physiologic parameters (i.e., giving insulin according to blood sugar levels, titrating medication to maintain a specified blood pressure, etc.)	93	2.99	2.68	3.53	71	3.20	2.35	3.60	-0.21	0.33	-0.07
7	Monitor client's hydration status (e.g., I&O, edema, signs and symptoms of dehydration, etc.)	98	4.11	3.84	3.39	96	3.61	3.46	3.44	0.50	0.38	-0.06
21	Evaluate appropriateness of medication order for client (i.e., is the medication appropriate to treat the client's condition, given by appropriate route, in appropriate dosage, etc.)	98	4.08	3.85	3.62	86	4.70	4.07	3.65	-0.62	-0.22	-0.03
20	Check/verify accuracy of order	99	4.18	3.95	3.75	88	4.28	4.01	3.78	-0.10	-0.06	-0.03
123	Receive and/or transcribe health care provider orders	97	3.47	3.22	3.42	92	4.50	4.20	3.45	-1.03	-0.98	-0.03
19	Initiate, maintain and/or evaluate telemetry monitoring	66	2.93	1.87	3.28	48	3.20	1.55	3.30	-0.27	0.32	-0.02
93	Perform pre- and/or postoperative education	83	1.94	1.55	2.99	61	2.40	1.58	3.00	-0.46	-0.02	-0.01
113	Follow institution's policy regarding the use of client restraints or safety devices	90	1.85	1.61	3.21	61	1.54	0.96	3.20	0.31	0.66	0.01

continued on next page

Table 10, continued

#	Activity	Survey Results				SME Panel Estimates				Rating Differences			
		Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group)	Average Priority 1-4	Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group)	Average Priority 1-4	Setting-Specific Frequency Difference	Total Group Frequency Difference	Priority Difference	Difference
85	Connect and maintain external pacing devices	51	0.91	0.44	3.13	9	0.45	0.07	3.11	0.46	0.37	0.02	
65	Maintain desired temperature of client using external devices (e.g., hypothermia blankets, ice packs, etc.)	86	1.48	1.22	2.93	33	0.63	0.18	2.90	0.85	1.04	0.03	
18	Evaluate client's response to medications	99	4.42	4.2	3.57	87	4.90	4.27	3.53	-0.48	-0.06	0.04	
119	Provide and receive report on assigned clients	99	3.24	3.04	3.45	90	3.60	3.49	3.40	-0.36	-0.45	0.05	
88	Provide client and family with information about condition/illness, expected progression and/or possible outcomes	97	3.35	3.13	3.04	83	3.80	3.12	2.98	-0.45	0.01	0.06	
64	Access implanted venous access devices (i.e., porta-cath, PAS port, shunt, etc.)	75	1.32	0.96	2.96	26	0.78	0.26	2.90	0.53	0.70	0.06	
132	Act as a client advocate	97	3.46	3.2	3.38	91	3.60	3.35	3.30	-0.14	-0.15	0.08	
43	Perform diagnostic testing (i.e., O ₂ saturation, glucose monitoring, testing for occult blood, gastric Ph, urine specific gravity, etc.)	97	3.69	3.47	3.36	71	3.44	2.57	3.28	0.24	0.90	0.09	
108	Assess psychosocial, spiritual, cultural and occupational factors affecting care	95	2.84	2.6	2.66	68	2.23	1.89	2.55	0.62	0.71	0.11	
25	Perform calculations needed for medication administration	95	2.79	2.57	3.61	74	3.50	2.85	3.50	-0.71	-0.28	0.11	
125	Provide client or family information about, and/or comply with, advance directives	83	1.65	1.36	2.81	75	2.80	2.26	2.70	-1.15	-0.90	0.11	

Survey Results

SME Panel Estimates

Rating Differences by Agent Subject to These Assignments

101	Facilitate client and/or family coping (i.e., end of life care, loss, grief, new diagnosis, lifestyle changes, body image, role change, stress management, crisis situations, etc.)	92	1.91	1.71	3.02	58	2.20	1.65	2.75	-0.29	0.06	0.27
134	Comply with regulations governing controlled substances (e.g., counting narcotics, wasting narcotics, etc.)	96	3.41	3.21	3.37	91	3.00	2.98	3.10	0.41	0.24	0.27
68	Apply, maintain or remove orthopedic devices (e.g., traction, splints, braces, casts, ace wraps, etc.)	75	1.34	0.98	2.64	25	1.20	0.36	2.35	0.14	0.62	0.29
16	Evaluate the results of diagnostic testing (e.g., lab, radiology, EKG, etc.)	95	3.28	3.01	3.27	74	4.00	3.21	2.97	-0.72	-0.20	0.30
117	Make appropriate referrals to community resources	77	1.18	0.89	2.47	47	1.30	0.69	2.15	-0.12	0.20	0.32
39	Monitor and maintain infusion sites and equipment (i.e., flushing infusion devices, checking rates, fluids and sites, etc.)	96	4.13	3.85	3.37	91	4.80	4.34	3.05	-0.67	-0.49	0.32
121	Supervise care provided by others (i.e., LPN/VN, assistive personnel, other RNs, etc.)	90	3.17	2.72	2.93	66	2.90	2.17	2.60	0.27	0.55	0.33
59	Start an intravenous line (IV)	89	2.18	1.88	3.18	72	3.10	2.31	2.85	-0.92	-0.43	0.33
104	Assist client with emotional and spiritual needs	94	2.28	2.1	2.84	59	2.20	1.57	2.50	0.08	0.54	0.34
102	Provide a therapeutic or controlled environment for clients with emotional/behavioral issues	79	1.71	1.32	2.81	20	1.88	0.43	2.48	-0.16	0.89	0.34
50	Assist with invasive procedures (i.e., central line placements, biopsies, debridements, etc.)	74	1.32	0.95	2.94	40	1.43	0.61	2.60	-0.12	0.34	0.34
96	Identify barriers to learning	94	2.25	2.06	2.70	78	2.40	1.99	2.35	-0.15	0.08	0.35
9	Identify the need for, institute, and maintain suicide precautions	70	1.04	0.70	3.20	18	0.85	0.19	2.85	0.19	0.51	0.35
135	Serve as a resource person to other staff	93	2.22	2.02	2.74	47	2.17	1.27	2.39	0.05	0.75	0.35

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75	Document procedures and treatments performed and response to treatment	99	4.53	4.31	3.51	92	4.40	4.05	3.05	0.13	0.27	0.46
8	Identify client's risk for abuse/neglect	88	1.49	1.27	3.12	57	1.75	1.28	2.65	-0.26	-0.01	0.47
66	Provide wound/ostomy care other than dressing change (i.e., wound irrigation, wound debridement, ostomy/fistula care, etc.)	83	1.65	1.34	2.92	35	1.35	0.56	2.45	0.30	0.78	0.47
87	Provide education on growth and development	57	1.16	0.65	2.38	32	1.22	0.51	1.89	-0.06	0.14	0.49
82	Remove wound sutures or staples	76	0.99	0.74	2.55	43	1.15	0.62	2.05	-0.16	0.12	0.50
107	Promote healthy family, client, community interactions	76	1.92	1.41	2.57	54	1.48	1.10	2.06	0.44	0.31	0.51
77	Perform phototherapy	26	1.02	0.27	2.27	5	0.50	0.06	1.75	0.52	0.21	0.52
70	Apply and maintain devices used to promote venous return (TED hose, sequential compression devices, etc.)	89	2.40	2.07	2.98	52	2.20	1.29	2.45	0.20	0.79	0.53
136	Participate in educating staff	73	1.50	1.07	2.64	31	1.75	0.87	2.11	-0.25	0.20	0.53
142	Assist client/family to identify/participate in activities fitting his/her age, preference, physical capacity, and psychosocial/behavioral/physical development	80	1.81	1.41	2.49	57	2.44	1.61	1.94	-0.63	-0.20	0.54
100	Participate in group sessions (i.e., therapy, support groups, etc.)	34	1.24	0.39	2.03	10	0.58	0.09	1.47	0.66	0.30	0.56
51	Insert urethral catheter	91	1.47	1.31	2.91	60	1.28	0.84	2.35	0.19	0.47	0.56
105	Provide support/respect for client's cultural practices/beliefs	96	2.20	2.04	2.98	64	2.10	1.56	2.40	0.10	0.48	0.58
49	Perform tracheostomy care	79	1.20	0.91	3.06	35	1.18	0.42	2.45	0.02	0.49	0.61
52	Provide client nutrition through continuous or intermittent tube feedings	84	2.03	1.63	3.02	55	2.00	1.11	2.40	0.03	0.53	0.62
144	Assist client to compensate for a sensory impairment (e.g., hearing, sight, etc.)	86	1.65	1.37	2.87	52	1.83	1.13	2.22	-0.18	0.24	0.65
91	Teach clients and families about the safe use of equipment needed for care	92	1.76	1.55	3.00	50	1.52	0.99	2.35	0.24	0.56	0.65

Table 10, continued

#	Activity	Survey Results			SME Panel Estimates			Rating Differences		
		Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group)	Average Priority 1-4	Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group)	Average Priority 1-4	Setting-Specific Frequency Difference

58	Perform oral or pulmonary suctioning	88	1.95	1.66	3.33f-3612.5(1.0 Tr0.49664ors40T)7(5)Tr*(o-3612.5.7(s4TjcT*(c)T)0 21 TrT*(e)T)0 Tr0.4966 0 TD(n)T)j TrT*(n)T)15T*3906n)
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116	Participate in performance improvement/quality assurance process (formally collect data or participate on a team)	75	1.48	1.07	2.51	39	0.57	0.23	1.65	0.91	0.84	0.86
48	Intervene with client who has an alteration in bowel elimination (e.g., give enema, remove fecal impaction)	88	1.74	1.49	2.80	44	1.32	0.71	1.90	0.42	0.78	0.90
95	Provide information about health maintenance recommendations (i.e., physician visits, immunizations, screening exams, etc.)	88	1.85	1.58	2.83	45	1.50	0.82	1.90	0.35	0.77	0.93
84	Incorporate alternative/complementary therapies into client's plan of care (i.e., acupuncture, dance therapy, music therapy, play therapy, etc.)	54	1.02	0.53	2.12	12	0.48	0.09	1.15	0.54	0.44	0.97
147	Obtain urine specimens for diagnostic testing	94	2.00	1.84	2.64	59	1.67	1.00	1.67	0.34	0.84	0.97
15	Perform age-specific screening examinations (i.e., Denver Developmental, scoliosis assessment, breast examinations, testicular examinations, etc.)	42	1.02	0.41	2.43	17	0.70	0.16	1.45	0.32	0.25	0.98
148	Obtain specimens, other than blood or urine for diagnostic testing (i.e., PKU testing, wound cultures, stool specimens, etc.)	94	1.91	1.73	2.84	51	1.56	0.72	1.83	0.35	1.01	1.01

54 Discontinue or remove IV, NG, urethral (D07w) (0.32) music therapy (1.785(1.84)-294667(2.64)-2279.6(17)-327996.7(0.82)-76.7(0.82)-2946.7(0.77)-2.33.7(0.35)-2946.7(78327(the36.7(78323-29482.625 -1.75 5D-0.0001 Tc (148)-1293.6(Obtain sp5c

Overview of Methods

The subject matter expert panel for the 2002 RN Practice Analysis creat-

Table 11. Knowledge Category Importance and Usage

Category/Definition	Importance	Usage		
	Scale* (0-3) Average	Do not use %	Recognize/ Recall %	Apply/ Interpret/ Analyze %
Biologic sciences (anatomy & physiology, biology, microbiology) The study of life and living things including the structure and function of the human body and the organisms which invade it.	2.75	0.7	26.2	73.1
Communication skills Knowledge and use of oral, nonverbal, written and information technology communication skills necessary for safe, effective client care. These skills are utilized to accurately deliver and receive information between and among the nurse, the health care team, clients, families and the community. Also included is the ability to recognize and appropriately address barriers to communication.	2.86	0.3	12.0	87.7
Economics The study of the management of fiscal resources. This includes a beginning knowledge of access-to-care regulations.	1.46	39.0	48.8	12.2
Mathematics Ability to perform the calculations needed to plan and deliver care. Calculations would include, at a minimum, those needed to safely prepare and administer medications to clients and evaluate client fluid balance and nutritional intake.	2.79	1.7	12.3	86
Nutrition Knowledge of the processes involved in ingesting and utilizing food substances. These processes include ingestion of proper amounts of needed nutrients, digestion, absorption, metabolism and storage.	2.34	5.3	47.0	47.7
Pathophysiology Knowledge of how normal physiologic processes are altered by disease.	2.81	1.0	19.3	79.7
Pharmacology Knowledge of how drugs interact with body systems to create both desired and unwanted effects.	2.88	0.6	17.4	82.1
Physical sciences (chemistry and physics) Knowledge of substances (such as electrolytes and hydrogen ions) and the laws governing matter and their influence on normal human functions.	2.22	12.8	45.5	41.8
Principles of teaching and learning Knowledge needed to assess learning situations and identify optimal methods of teaching clients of all ages.	2.43	2.7	36.9	60.4
Quality management/infection control Knowledge needed to institute/utilize infection control measures, recognize and report incidents/errors/occurrences, and actively promote the improvement of client care processes. Also included is a working knowledge of standards set by various regulatory bodies such as JCT*(n)Tj0 Tr0.4991 0 TD()Tj1 TrT*()Tj0 Tr0.2433 0 TD(c)Tj1 Tra0t ,ksa3rir0.tcTr0.2771 0 T	2.8	0.7	21.6	77.7

Table 11, continued

Category/Definition	Importance	Usage		
	Scale* (0-3) Average	Do not use %	Recognize/ Recall %	Apply/ Interpret/ Analyze %
Care management/leadership Knowledge needed to organize and coordinate the care needed by one client, a group of clients, or a community. This knowledge includes basic management principles such as motivational strategies, group process, interpersonal relations, and delegation techniques. Included is the ability to collaborate with and coordinate the care provided by members of other health care disciplines.	2.39	6.8	37.2	56.0
Clinical decision-making/critical thinking The ability to synthesize, organize and prioritize the multiple variables governing a situation and devise a workable plan for solving problems.	2.81	1.5	14.2	84.3
Ethics Knowledge of the principles governing the conduct of a nurse. These principles deal with the relationship of a nurse to the client, families, the health care team, the nursing profession and society.	2.74	1.0	21.0	78.0
Knowledge needed to perform nursing procedures and psychomotor skills Nursing-specific knowledge about performance of procedures and skills such as insertion of a urethral catheter, starting an IV, changing a wound dressing, inserting a nasogastric tube, collecting lab specimens, reading telemetry strips, monitoring fetal heart tones, etc.	2.92	0.6	5.9	93.4
Nursing diagnosis Knowledge needed to recognize assessment data necessitating assignment of one or more identified nursing diagnoses.	2.47	5.8	29.0	65.2
Nursing research Knowledge of how to appropriately evaluate the results of nursing research for use in client care.	1.91	23.9	50.4	25.6
Scope of practice/professional roles Knowledge of one's own legal scope of practice and the scopes of practice of those to whom activities are assigned or delegated.	2.77	1.0	23.0	76.0

*0 = not important to 3 = very important

needed to perform nursing procedures and psychomotor skills” (93.4%) and “Communication skills” (87.7%). See Table 11 for a complete listing of knowledge category usage findings.

Activity/Knowledge Category Linking

The panel of subject matter experts performed an exercise that allowed the linking of the knowledge categories with the activities. The activity statements were thus individually linked to from 1 to 8 of the knowledge categories (*Tab 12*). The knowledge categories linked to the greatest numbers of items were “Biologic sciences” (linked to 76 activities), “Knowledge needed to perform nursing procedures and psychomotor skills” (linked to 72 activities), “Communication skills” (linked to 71 activities) and “Pathophysiology” (linked to 71 activities). The knowledge category “Nursing Research” was not linked to any activity and the category “Economics” was linked to only two activities. Overall there was a correlation found between the linkages supplied by the panel of experts and

Table 12. Knowledge Category/Activity Item Linkages

#	Activities	Knowledge Categories														Total Per Item Knowledge Category Links				
		Biologic Sciences (A & P, Biology, Microbiology)	Communication Skills, Oral and Written (includes IT)	Economics	Mathematics & Stats	Nutrition	Pathophysiology	Pharmacology	Physical Sciences (Chemistry, Physics)	Principles of Teaching and Learning	Quality Management/Infection Control	Social Sciences (Psychology, Sociology, G & D, etc.)	Care Management/Leadership	Clinical Decision-Making/Critical Thinking	Ethics		Knowledge Needed to Perform Nursing Procedures and Psychomotor Skills	Nursing Diagnosis	Nursing Research	Scope of Practice/Professional Roles
1	Evaluate client's weight	1			1	1														3
3	Monitor and maintain client on a ventilator	1				1	1							1	1	1	1		1	8
4	Assess invasive monitoring data	1				1	1							1	1	1				5
5	Assess/triage clients to prioritize the order of care delivery	1				1	1							1	1	1				4
6	Assess client's vital signs (i.e., temperature, pulse, respiratory rate and blood pressure)	1				1	1								1					3
7	Monitor client's hydration status (e.g., I&O, edema, signs and symptoms of dehydration, etc.)	1				1	1													4
8	Identify client's risk for abuse/neglect		1												1	1				4
9	Identify the need for, institute, and maintain suicide precautions		1												1	1				4
10	Assess client for drug/alcohol-related dependencies, withdrawal or toxicities	1	1			1	1								1					5
11	Assess family dynamics (i.e., structure, bonding, communication, boundaries, coping mechanisms, etc.)	1																		2
12	Perform head to toe physical assessment	1	1																1	4



Table 12, continued

#	Activities	Knowledge Categories														Total Per Item Knowledge Category Links				
		Biologic Sciences (A & P, Biology, Microbiology)	Communication Skills, Oral and Written (includes IT)	Economics	Mathematics & Stats	Nutrition	Pathophysiology	Pharmacology	Physical Sciences (Chemistry, Physics)	Principles of Teaching and Learning	Quality Management/Infection Control	Social Sciences (Psychology, Sociology, G & D, etc.)	Care Management/Leadership	Clinical Decision-Making/Critical Thinking	Ethics		Knowledge Needed to Perform Nursing Procedures and Psychomotor Skills	Nursing Diagnosis	Nursing Research	Scope of Practice/Professional Roles
37	Administer medication by less common routes (i.e., vaginally, rectally, bladder instillation, continuous abdominal peritoneal dialysis, endotracheal tube, by epidural catheter or intraosseous)	1			1		1	1							1				1	6
38	Adjust/titrate dosage of medication based on assessment of physiologic parameters (i.e., giving insulin according to blood sugar levels, titrating medication to maintain a specified blood pressure, etc.)				1		1	1					1		1				1	6
39	Monitor and maintain infusion sites and equipment (i.e., flushing infusion devices, checking rates, fluids and sites, etc.)	1			1		1	1		1			1		1					7
40	Administer blood products	1			1		1	1		1			1		1				1	7
41	Administer drugs to induce conscious sedation	1			1		1	1		1			1		1				1	7
42	Document medication administration and client response		1									1								2
43	Perform diagnostic testing (i.e., O ₂ saturation, glucose monitoring, testing for occult blood, gastric Ph, urine specific gravity, etc.)	1	1					1							1				1	6
44	Obtain specimens by drawing blood peripherally or through central line	1																	1	3

45	Perform or assist with dressing change (i.e., wound, central line dressing, etc.)	1																			1																				4		
46	Insert nasogastric tube	1																				1																			2		
48	Intervene with client who has an alteration in bowel elimination (e.g., give enema, remove fecal impaction)	1																				1																			3		
49	Perform tracheostomy care	1																					1																		4		
50	Assist with invasive procedures (i.e., central line placements, biopsies, debridements, etc.)	1																				1																		4			
51	Insert urethral catheter	1																				1																		4			
52	Provide client nutrition through continuous or intermittent tube feedings	1											1																												3		
53	Perform an electrocardiology test (EKG)	1																																						2			
54	Discontinue or remove IV, NG, urethral catheter, or other lines and tubes	1																																							2		
55	Perform procedures necessary for admitting, transferring or discharging a client											1																													3		
56	Perform necessary postmortem procedures																																								1		
57	Administer oxygen therapy	1																				1	1																		4		
58	Perform oral or pulmonary suctioning	1																					1																		4		
59	Start an intravenous line (IV)	1																					1																		3		
60	Care for devices and equipment used for drainage (i.e.,																																										

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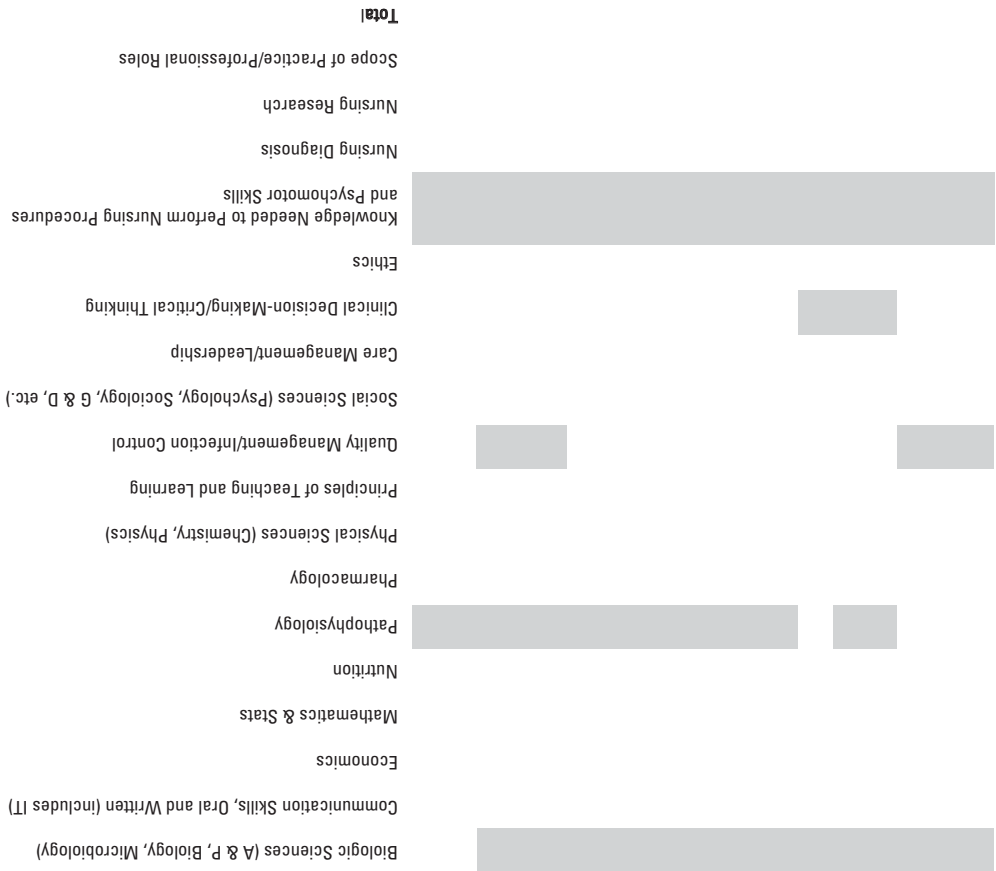


Table 12, continued

Knowledge Categories	# Activities	Total Per Item Knowledge Category Links
		Biologic Sciences (A & P, Biology, Microbiology) Communication Skills, Oral and Written (includes IT) Economics Mathematics & Stats Nutrition Pathophysiology Pharmacology Physical Sciences (Chemistry, Physics) Principles of Teaching and Learning Quality Management/Infection Control Social Sciences (Psychology, Sociology, G & D, etc.) Care Management/Leadership Clinical Decision-Making/Critical Thinking Ethics Knowledge Needed to Perform Nursing Procedures and Psychomotor Skills Nursing Diagnosis Nursing Research Scope of Practice/Professional Roles

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Master #	PAS Form	# 2002 Survey	Activity
119	BOTH	1	Provide and receive report on assigned clients
109	BOTH	2	Apply principles of infection control (e.g., handwashing, appropriate room assignment, isolation, aseptic/sterile technique, universal/standard precautions)
75	BOTH	3	Document procedures and treatments performed and response to treatment
55	BOTH	4	Perform procedures necessary for admitting, transferring or discharging a patient
62	BOTH	5	Perform emergency care procedures (e.g., cardiopulmonary resuscitation, Heimlich maneuver, respiratory support, etc.)
14	BOTH	6	Perform system-specific assessment or reassessment (i.e., GI , respiratory, cardiac, etc.)
29	BOTH	7	Administer medication by SQ, IM, intradermal or topical route
6	BOTH	8	Assess client's vital signs (i.e., temperature, pulse, respiratory rate and blood pressure)
108	BOTH	9	Assess psychosocial, spiritual, cultural and occupational factors affecting care
138	BOTH	10	Perform intranatal care (care provided during labor and birth)
21	BOTH	11	Evaluate appropriateness of medication order for client (i.e., is the medication appropriate to treat the client's condition, given by appropriate route, in appropriate dosage, etc.)
121	BOTH	12	Supervise care provided by others (i.e., LPN/VN, assistive personnel, other RNs, etc.)
73	BOTH	13	Provide intraoperative care (positioning, maintain sterile field, operative assessment, etc.)
63	BOTH	14	Assist client in the performance of activities of daily living (i.e., ambulation, reposition, hygiene, transfer to chair, eating, toileting, etc.)
100	BOTH	15	Participate in group sessions (i.e., therapy, support groups, etc.)
28	BOTH	16	Administer medication by intravenous route (i.e., IVP, IVPB, PCA pump, continuous infusion – fluids, parenteral nutrition)
78	BOTH	17	Perform prenatal care
139	BOTH	18	Perform postnatal care
27	BOTH	19	Administer medication by the oral route or gastric tube (PO, sublingual, buccal, nasogastric tube, G-tube, etc.)
88	BOTH	20	Provide client and family with information about condition/illness, expected progression and/or possible outcomes
7	BOTH	21	Monitor client's hydration status (e.g., I&O, edema, signs and symptoms of dehydration, etc.)
83	BOTH	22	Perform peritoneal dialysis
26	BOTH	23	Implement the five rights of medication administration
99	BOTH	24	Plan and/or participate in education to individuals in the community (health fairs, school education, drug education, STD, etc.)
18	BOTH	25	Evaluate client's response to medications

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Master #	PAS Form	# 2002 Survey	Activity
98	B	26	Document teaching performed and level of understanding: client, family or staff
132	B	27	Act as a client advocate
76	B	28	Implement measures to manage/prevent possible complications of client's condition and/or procedure (i.e., circulatory complications, seizures, aspiration, potential neurological complications, etc.)
48	B	29	Intervene with client who has an alteration in bowel elimination (e.g., give enema, remove fecal impaction)
38	B	30	Adjust/titrate dosage of medication based on assessment of physiologic parameters (i.e., giving insulin according to blood sugar levels, titrating medication to maintain a specified blood pressure, etc.)

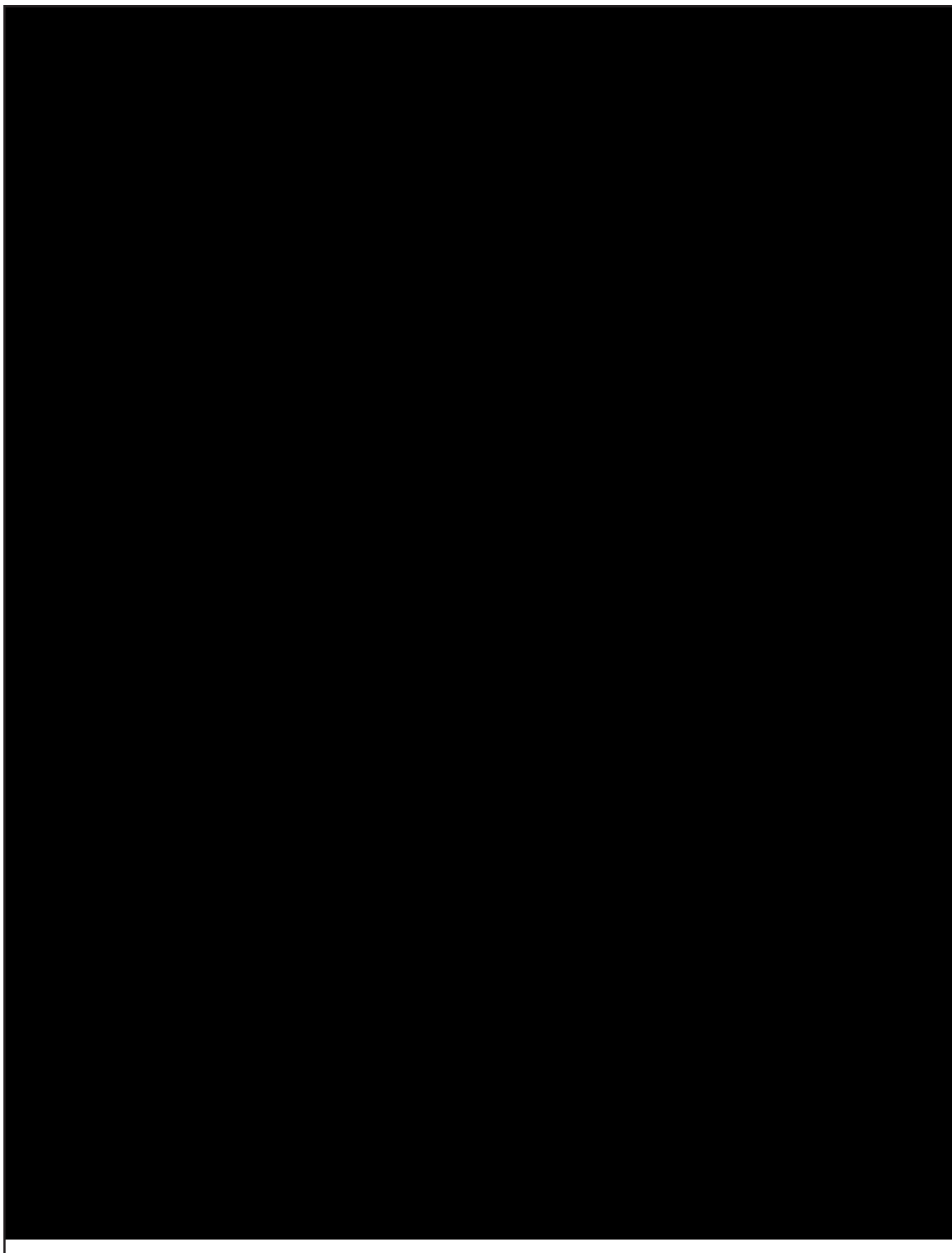
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Master #	PAS Form	# 2002 Survey	Activity
97	B	79	Educate client and family about rights and responsibilities
141	B	80	Provide care that meets the special needs of the elderly client
51	B	81	Insert urethral catheter
5	A	26	Assess/triage clients to prioritize the order of care delivery
40	A	27	Administer blood products
12	A	28	Perform head to toe physical assessment
1	A	29	Evaluate client's weight
39	A	30	Monitor and maintain infusion sites and equipment (i.e, flushing infusion devices, checking rates, fluids and sites, etc.)
147	A	31	Obtain urine specimens for diagnostic testing
96	A	32	Identify barriers to learning
129	A	33	Recognize tasks/assignments you are not prepared to perform and seek assistance
90	A	34	Provide perinatal education
125	A	35	Provide client or family information about, and/or comply with, advance directives
31	A	36	Administer medication in the form of eye, ear or nose drops, sprays, ointments or by inhalation (including nebulizer or metered dose inhaler)
80	A	37	Prepare patient for surgery
67	A	38	Provide therapies for comfort and treatment of inflammation, swelling (apply heat and cold treatments, elevate limb, etc.)
127	A	39	Report unsafe practice of health care provider
87	A	40	Provide education on growth and development
106	A	41	Provide care and/or support for client with nonsubstance-related dependencies (i.e., gambling, pornography, pedophilia, etc.)
25	A	42	Perform calculations needed for medication administration
53	A	43	Perform an electrocardiology test (EKG)
66	A	44	Provide wound/ostomy care other than dressing change (i.e., wound irrigation, wound debridement, ostomy/fistula care, etc.)
135	A	45	Serve as a resource person to other staff
142	A	46	Assist client/family to identify/participate in activities fitting his/her age, preference, physical capacity, and psychosocial/behavioral/physical development
102	A	47	Provide a therapeutic or controlled environment for clients with emotional/behavioral issues
22	A	48	Prepare medication for administration (i.e., crush medications as needed and appropriate, place in appropriate administration device, assemble equipment, etc.)
43	A	49	Perform diagnostic testing (i.e., O ₂ saturation, glucose monitoring, testing for occult blood, gastric Ph, urine specific gravity, etc.)
58	A	50	Perform oral or pulmonary suctioning

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Master #	PAS	# 2002	Activ
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Master #	PAS Form	# 2002 Survey	Activity
89	A	78	Provide information necessary for prevention of high risk health behaviors (i.e., smoking cessation, safe sexual practices, etc.)
46	A	79	Insert nasogastric tube
133	A	80	Comply with regulations for reporting (e.g., abuse/neglect, communicable disease, gunshot wounds, dog bites, etc.)
82	A	81	Remove wound sutures or staples



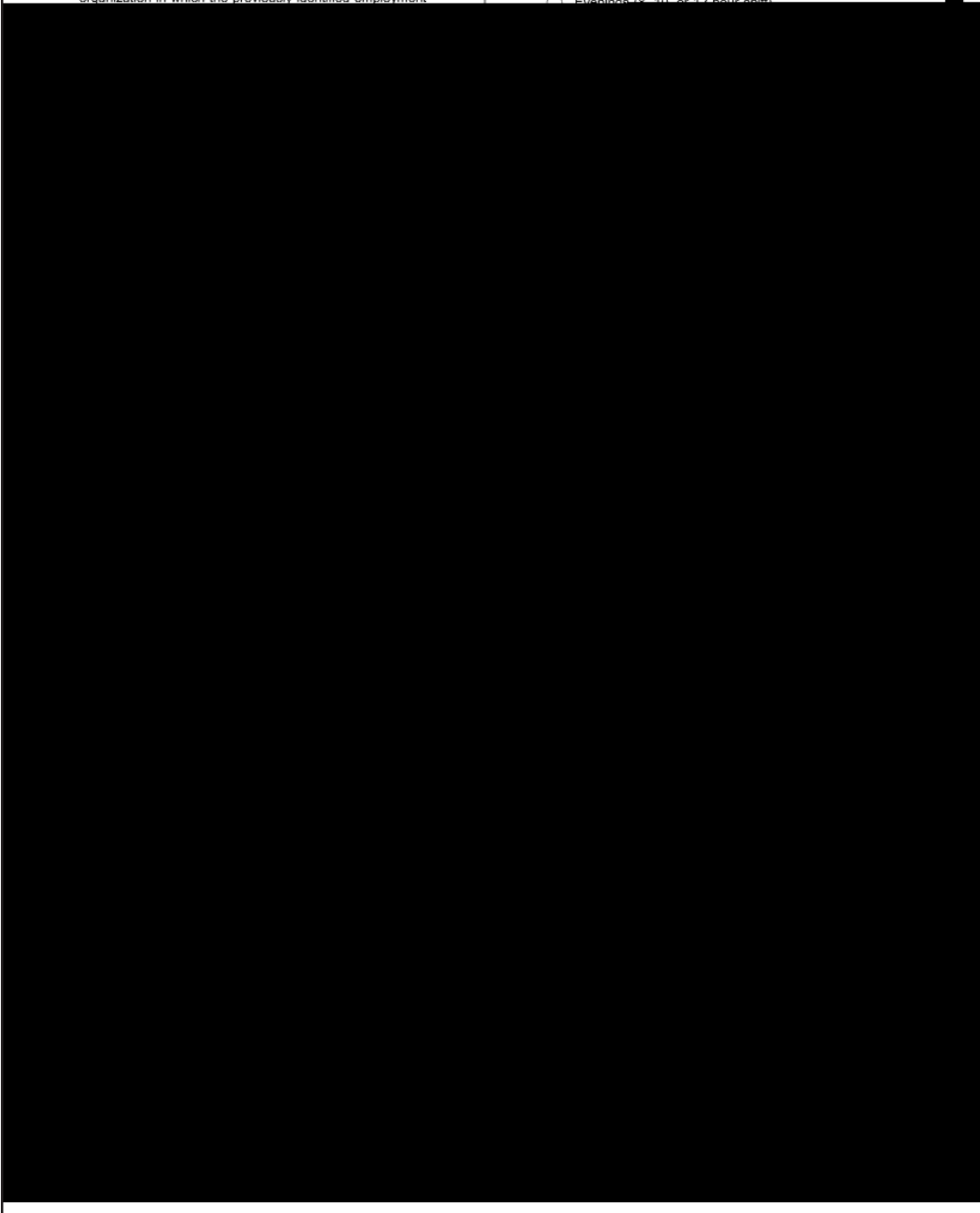
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SECTION 2: WORK ENVIRONMENT (continued)

3b. Which of the following best describes the type of facility/ organization in which the previously identified employment

6. Which of the following best describes the hours you work? (Select only one)

- Days (8, 10, or 12 hour shift)
- Evenings (8, 10, or 12 hour shift)



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2002 RN PRACTICE ANALYSIS

SECTION 3 PART A - WORKING ACTIVITIES (continued)	
A - Frequency	B - Priority
NEVER PERFORMED IN YOUR WORK SETTING 0 Times 1 Time 2 Times 3 Times 4 Times 5 or more Times	Lowest Low High Highest
<p>1. Provide and receive report on assigned clients</p> <p>2. Apply principles of infection control (e.g., handwashing, appropriate room assignment, isolation, aseptic/sterile technique, universal/standard precautions)</p> <p>3. Document procedures and treatments performed and response to treatment</p>	<p>() () () () () () () () () () () () () () ()</p> <p>() () () () () () () () () () () () () () ()</p> <p>() () () () () () () () () () () () () () ()</p>

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SECTION 3 PART B: KNOWLEDGE

This section contains categories of knowledge that may be used in nursing practice. Rate each of the knowledge categories by marking the ovals.

	Usage	Importance
How do you most often use this type of knowledge in providing safe care to clients within your nurse work you	How important is this knowledge to the performance of your current nursing practice setting?	
Biologic sciences (anatomy & physiology, biology, microbiology): The study of life and living things including the structure and function of life forms and the interactions between them.		

continued on next page

3. (continued)

SECTION 4: DESCRIPTION OF YOUR LAST DAY OF WORK	3. (continued)
6	Provide educational support to... level of knowledge, teach about... condition and interventions... provide information about caring... for others, etc.)... guidance provided... physician, dietitian, physical... and/or other health team... members of... verbal or pr... discharge

continued on next page

SECTION 1: PERSONAL INFORMATION (continued)

4. Age in years

		years
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7. Type of basic nursing education program most recently completed.

- RN - Diploma in U.S.
- RN - Associate Degree in U.S.
- RN - Baccalaureate Degree in U.S.
- RN - Canada Master's Degree in Nursing
- RN - Other program

8. Doctorate in U.S. (e.g., ND)

9. If program NOT located in the U.S., name (please specify):

10. If program NOT located in the U.S., country:

#	Activity	Average Frequency (Total Group)
106	Provide care and/or support for client with nonsubstance-related dependencies (i.e., gambling, pornography, pedophilia, etc.)	0.17
78	Perform prenatal care	0.21
77	Perform phototherapy	0.27
90	Provide perinatal education	0.27
140	Perform fetal heart monitoring	0.31
83	Perform peritoneal dialysis	0.32
138	Perform intranatal care (care provided during labor and birth)	0.32
100	Participate in group sessions (i.e., therapy, support groups, etc.)	0.39
139	Perform postnatal care	0.39
15	Perform age-specific screening examinations (i.e., Denver Developmental, scoliosis assessment, breast examinations, testicular examinations, etc.)	0.41
79	Provide newborn care	0.42
85	Connect and maintain external pacing devices	0.44
99	Plan and/or participate in education to individuals in the community (health fairs, school education, drug education, STD, etc.)	0.44
71	Perform gastric lavage	0.46
127	Report unsafe practice of health care provider	0.49

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Trfor

#	Activity	Average Frequency (Total Group)
69	Perform irrigations (i.e., of bladder, ear, eye, etc.)	0.84
117	Make appropriate referrals to community resources	0.89
49	Perform tracheostomy care	0.91
130	Report error/event/occurrence per protocol (i.e., medication error, client fall, etc.)	0.92
62	Perform emergency care procedures (e.g., cardiopulmonary resuscitation, Heimlich maneuver, respiratory support, etc.)	0.93
50	Assist with invasive procedures (i.e., central line placements, biopsies, debridements, etc.)	0.95
53	Perform an electrocardiology test (EKG)	0.95
37	Administer medication by less common routes (i.e., vaginally, rectally, bladder instillation, continuous abdominal peritoneal dialysis, endotracheal tube, by epidural catheter or intraosseous)	0.96
64	Access implanted venous access devices (i.e., porta-cath, PAS port, shunt, etc.)	0.96
143	Provide care to client/family at end of life	0.96
68	Apply, maintain or remove orthopedic devices (e.g., traction, splints, braces, casts, ace wraps, etc.)	0.98
4	Assess invasive monitoring data	1.01
92	Educate client/family on home safety issues	1.02
17	Monitor client's physiologic response during and after conscious sedation	1.05
116	Participate in performance improvement/quality assurance process (formally collect data, or participate on a team)	1.07
136	Participate in educating staff	1.07
73	Provide intraoperative care (positioning, maintain sterile field, operative assessment, etc.)	1.15
112	Participate in maintaining institution's security plan (i.e., newborn nursery security, bomb threats, fire emergency plan, etc.)	1.16
40	Administer blood products	1.18
89	Provide information necessary for prevention of high risk health behaviors (i.e., smoking cessation, safe sexual practices, etc.)	1.2
65	Maintain desired temperature of client using external devices (e.g., hypothermia blankets, ice packs, etc.)	1.22
80	Prepare client for surgery	1.24
8	Identify client's risk for abuse/neglect	1.27
51	Insert urethral catheter	1.31
11	Assess family dynamics (i.e., structure, bonding, communication, boundaries, coping mechanisms, etc.)	1.32
102	Provide a therapeutic or controlled environment for clients with emotional/behavioral issues	1.32
66	Provide wound/ostomy care other than dressing change (i.e., wound irrigation, wound debridement, ostomy/fistula care, etc.)	1.34
146	Intervene with client who has an alteration in nutritional intake (e.g., institute diet, change method or time of meals, arrange for more ethnically appropriate foods, etc.)	1.34
72	Use precautions to prevent further injury when moving client with cervical or spinal injury (i.e., log-rolling, abduction pillow)	1.36

#	Activity	Average Frequency (Total Group)
125	Provide client or family information about, and/or comply with, advance directives	1.36
124	Maintain continuity of care between/among care agencies	1.37
144	Assist client to compensate for a sensory impairment (e.g., hearing, sight, etc.)	1.37
107	Promote healthy family, client, community interactions	1.41
142	Assist client/family to identify/participate in activities fitting his/her age, preference, physical capacity, and psychosocial/behavioral/physical development	1.41
48	Intervene with client who has an alteration in bowel elimination (e.g., give enema, remove fecal impaction)	1.49
91	Teach clients and families about the safe use of equipment needed for care	1.55
93	Perform pre- and/or postoperative education	1.55
10	Assess client for drug/alcohol-related dependencies, withdrawal or toxicities	1.56
95	Provide information about health maintenance recommendations (i.e., physician visits, immunizations, screening exams, etc.)	1.58
113	Follow institution's policy regarding the use of client restraints or safety devices	1.61
52	Provide client nutrition through continuous or intermittent tube feedings	1.63
58	Perform oral or pulmonary suctioning	1.66
101	Facilitate client and/or family coping (i.e., end of life care, loss, grief, new diagnosis, lifestyle changes, body image, role change, stress management, crisis situations, etc.)	1.71
148	Obtain specimens, other than blood or urine, for diagnostic testing (i.e., PKU testing, wound cultures, stool specimens, etc.)	1.73
81	Provide care to client in the postoperative period	1.79
147	Obtain urine specimens for diagnostic testing	1.84
19	Initiate, maintain and/or evaluate telemetry monitoring	1.87
44	Obtain specimens by drawing blood peripherally or through central line	1.88
59	Start an intravenous line (IV)	1.88
129	Recognize tasks/assignments you are not prepared to perform and seek assistance	1.89
31	Administer medication in the form of eye, ear or nose drops, sprays, ointments or by inhalation (including nebulizer or metered dose inhaler)	1.98
135	Serve as a resource person to other staff	2.02
105	Provide support/respect for client's cultural practices/beliefs	2.04
96	Identify barriers to learning	2.06
70	Apply and maintain devices used to promote venous return (TED hose, sequential compression devices, etc.)	2.07
45	Perform or assist with dressing change (i.e., wound, central line dressing, etc.)	2.09
104	Assist client with emotional and spiritual needs	2.1
1	Evaluate client's weight	2.12
67	Provide therapies for comfort and treatment of inflammation, swelling (apply heat and cold treatments, elevate limb, etc.)	2.12
131	Assure that client has given informed consent for treatment	2.15
97	Educate client and family about rights and responsibilities	2.22

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#	Activity	Average Frequency (Total Group)
60	Care for devices and equipment used for drainage (i.e., surgical wound drains, chest tube suction or drainage devices, urethral catheter care, etc.)	2.31

Activity

#	Activity	Average Priority 1-4
70	Apply and maintain devices used to promote venous return (TED hose, sequential compression devices, etc.)	2.98
93	Perform pre- and/or postoperative education	2.99
97	Educate client and family about rights and responsibilities	3.00
91	Teach clients and families about the safe use of equipment needed for care	3.00
52	Provide client nutrition through continuous or intermittent tube feedings	3.02
101	Facilitate client and/or family coping (i.e., end of life care, loss, grief, new diagnosis, lifestyle changes, body image, role change, stress management, crisis situations, etc.)	3.02
45	Perform or assist with dressing change (i.e., wound, central line dressing, etc.)	3.03
55	Perform procedures necessary for admitting, transferring or discharging a client	3.03
10	Assess client for drug/alcohol-related dependencies, withdrawal or toxicities	3.03
88	Provide client and family with information about condition/illness, expected progression and/or possible outcomes	3.04
111	Prepare/implement emergency response plans (i.e., internal/external disaster)	3.04
44	Obtain specimens by drawing blood peripherally or through central line	3.04
13	Perform and utilize health history	3.05
4	Assess invasive monitoring data	3.05
49	Perform tracheostomy care	3.06
145	Utilize therapeutic communication techniques to provide support to client or family and/or increase client understanding of his/her behavior	3.06
143	Provide care to client/family at end of life	3.07
133	Comply with regulations for reporting (e.g., abuse/neglect, communicable disease, gunshot wounds, dog bites, etc.)	3.09
60	Care for devices and equipment used for drainage (i.e., surgical wound drains, chest tube suction or drainage devices, urethral catheter care, etc.)	3.09
80	Prepare client for surgery	3.12
8	Identify client's risk for abuse/neglect	3.12
85	Connect and maintain external pacing devices	3.13
141	Provide care that meets the special needs of the elderly client	3.14
112	Participate in maintaining institution's security plan (i.e., newborn nursery security, bomb threats, fire emergency plan, etc.)	3.16
59	Start an intravenous line (IV)	3.18
86	Educate client and/or family about medication regimen, treatments and procedures	3.19
9	Identify the need for, institute, and maintain suicide precautions	3.20
113	Follow institution's policy regarding the use of client restraints or safety devices	3.21
94	Educate client and family about pain management	3.23
130	Report error/event/occurrence per protocol (i.e., medication error, client fall, etc.)	3.23
81	Provide care to client in the postoperative period	3.26
17	Monitor client's physiologic response during and after conscious sedation	3.27
120	Collaborate with other disciplines in providing client care (i.e., physician, RT, PT, radiology, dietary, lab, etc.)	3.27

#	Activity	Average Priority 1-4
16	Evaluate the results of diagnostic testing (e.g., lab, radiology, EKG, etc.)	3.27
137	Perform a risk assessment (i.e., sensory impairment, potential for falls, level of mobility, etc.)	3.27
19	Initiate, maintain and/or evaluate telemetry monitoring	3.28
29	Administer medication by SQ, IM, intradermal or topical route	3.28
5	Assess/triage clients to prioritize the order of care delivery	3.29
129	Recognize tasks/assignments you are not prepared to perform and seek assistance	3.29
127	Report unsafe practice of health care provider	3.31
103	Actively listen to client/family concerns	3.32
27	Administer medication by the oral route or gastric tube (PO, sublingual, buccal, nasogastric tube, G-tube, etc.)	3.36
43	Perform diagnostic testing (i.e., O ₂ saturation, glucose monitoring, testing for occult blood, gastric Ph, urine specific gravity, etc.)	3.36
58	Perform oral or pulmonary suctioning	3.37
134	Comply with regulations governing controlled substances (e.g., counting narcotics, wasting narcotics, etc.)	3.37
39	Monitor and maintain infusion sites and equipment (i.e, flushing infusion devices, checking rates, fluids and sites, etc.)	3.37
132	Act as a client advocate	3.38
22	Prepare medication for administration (i.e., crush medications as needed and appropriate, place in appropriate administration device, assemble equipment, etc.)	3.38
3	Monitor and maintain client on a ventilator	3.39
7	Monitor client's hydration status (e.g., I&O, edema, signs and symptoms of dehydration, etc.)	3.39
149	Use measures to maintain client's skin integrity (e.g., skin care, turn client, alternating pressure mattress, etc.)	3.39
40	Administer blood products	3.39
23	Check for potential interactions of medications with food, fluids and other drugs	3.39
12	Perform head to toe physical assessment	3.42
110	Follow procedures for handling biohazardous materials	3.42
131	Assure that client has given informed consent for treatment	3.42
123	Receive and/or transcribe health care provider orders	3.42
119	Provide and receive report on assigned clients	3.45
72	Use precautions to prevent further injury when moving client with cervical or spinal injury (i.e., log-rolling, abduction pillow)	3.46
61	Assure appropriate and safe use of equipment in performing client care procedures and treatments	3.47
28	Administer medication by intravenous route (i.e., IVP, IVPB, PCA pump, continuous infusion – fluids, parenteral nutrition)	3.49
75	Document procedures and treatments performed and response to treatment	3.51
57	Administer oxygen therapy	3.51
6	Assess client's vital signs (i.e., temperature, pulse, respiratory rate and blood pressure)	3.51
14	Perform system-specific assessment or reassessment (i.e., GI , respiratory, cardiac, etc.)	3.52

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#	Activity	Average Priority 1-4
38	Adjust/titrate dosage of medication based on assessment of physiologic parameters (i.e., giving insulin according to blood sugar levels, titrating medication to maintain a specified blood pressure, etc.)	3.53
114	Protect client from injury (e.g., falls, electrical hazards, malfunctioning equipment, rugs, clutter, etc.)	3.55
42	Document medication administration and client response	3.56
18	Evaluate client's response to medications	3.57
76	Implement measures to manage/prevent possible complications of client's condition and/or procedure (i.e., circulatory complications, seizures, aspiration, potential neurological complications, etc.)	3.58
25	Perform calculations needed for medication administration	3.61
21	Evaluate appropriateness of medication order for client (i.e., is the medication appropriate to treat the client's condition, given by appropriate route, in appropriate dosage, etc.)	3.62
24	Review pertinent data prior to medication administration (i.e., VS, lab results, allergies, etc.)	3.66
62	Perform emergency care procedures (e.g., cardiopulmonary resuscitation, Heimlich maneuver, respiratory support, etc.)	3.70
126	Maintain client confidentiality/privacy	3.72
20	Check/verify accuracy of order	3.75
109	Apply principles of infection control (e.g., handwashing, appropriate room assignment, isolation, aseptic/sterile technique, universal/standard precautions)	3.82
26	Implement the 5 rights of medication administration	3.86

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