

# 2008 Role Delineation Study: Adult Nurse Practitioner

## National Survey Results



**MAY 2009**

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## **About this Report**

This report pertaining to the practice of adult nurse practitioners was based on the results of a national study of practice of adult, family, gerontological, and pediatric nurse practitioners.

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### Adult Nurse Practitioner

- Sarla Duller, MSN, ANP-BC
- Mayola Villarruel, MSN, ANP-BC
- Yolanda Acklin, MSN, ANP-BC
- Ann Thomas, PhD, ANP-BC, GNP-BC
- Carolyn Dolan, MS, ANP-BC\*
- Susan Ruppert, PhD, ANP-BC, NP-C, FCCM, FAANP\*
- Martha Simmons, MSN, ANP-BC

### Family Nurse Practitioner

- Carole Patton, PhD, CRNP, FNP-BC
- Jane Tuttle, PhD, CPNP, FNP-BC
- Patricia Selig, PhD, FNP-BC, CDE
- Ken Edmission, ND, EdD, FNP-BC
- Tammy Norman, MSN, FNP-BC\*
- Ruth Cox, DP-NAP, FNP-BC
- Kathleen Zambo, MSN, FNP-BC
- Mary Ann Picone, MSN, BSN, BA, FNP-BC
- Mary Verbeck, MSN, FNP-BC
- Katherine Arse, MSN, MPH, FNP-BC

### Gerontological Nurse Practitioner

- Prudence Twigg, MSN, GNP-BC\*
- Barbara Resnick, PhD, GNP-BC, FAANP
- Mary Rapp MSN, GNP-BC
- James Lawrence, PhD, GNP-BC
- Paula Sciliano, MS, GNP-BC
- Frances Foster, MSN, GNP-BC
- Abigail Flanagan, GNP-BC, ANP-BC, RN-BC
- Rose Villeneuve, MSN, GNP-BC
- Karen Clark MSN, GNP-BC
- Mary Doucette, MS, GNP-BC\*

Pediatric Nurse Practitioner

- Julie Miller, PNP-BC
- Dawn Garzon, PhD, PNP-BC\*
- Pat Chatfield, MSN, PNP-BC
- Riza Mauricio, MS, PNP-BC
- Mary Aruda, MSN, PNP-BC\*
- Joyce Brewer, PhD, CNM, FNP-BC, PNP-BC
- Valerie Griffin, MSN, PNP-BC, FNP-BC
- Beth Podsobinski, MSN, PNP-BC
- Katherine Scharz, MSN, PNP-BC, CPNP

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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. Its vision is to be a galvanizing force for quality healthcare through credentialing excellence. Currently, ANCC offers 30 examinations at various levels including diploma and associate degree, baccalaureate, and advanced practice for nurse practitioners, clinical nurse specialists, and other disciplines. Approximately 12,000 - 13,000 candidates take an ANCC certification examination each year. As of Dec 2007, 16,036 individuals held ANCC certification as adult nurse practitioners. In addition to certification, ANCC provides services such as the Magnet Recognition Program for hospitals and other facilities that demonstrate excellence in nursing services, accreditation of continuing education programs, education and consultation services, and outreach to nursing organizations around the globe.

### **Role Delineation Study Overview**

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

The 2008 Nurse Practitioner: Adult, Family, Gerontological, and Pediatric Role Delineation Study involved two sets of processes or activities that ran more or less concurrently: a national web-based survey and a linking activity. The national survey was designed to collect information on the work activities nurse practitioners actually perform in practice, while the linking activity identifies the major knowledge and skill areas required to perform the work activities listed in the survey. The results of both of these processes were used in the updating of the test content outlines for each examination contained within the study.

### **Updated Test Content Outlines**

The results of this role delineation study were used in the updating of the test content outlines for each examination contained within the study. Examination forms produced based on the adult nurse practitioner test content outline updated through this study are scheduled to go into effect March 1, 2010. A copy of the test content outline is available on the American Nurses Credentialing Center website.

### **Role of the Content Expert Panels**

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

## Survey Methodology

The purpose of the development and administration of the national survey was to collect information on the work activities nurse practitioners actually perform in practice. Since the survey instrument that was used for the purposes of this study would be used across four nurse practitioner populations, representatives from each of these four population-based role delineation study panels were also asked to serve as members of an eight (8) member initial study workgroup that acted as a sort of steering committee for the panels. Two members serving on this panel represented adult nurse practitioner. Seven members of the workgroup met for three days May 7-9, 2008 to draft a single pilot version of the survey and to construct the initial map of knowledge and skill areas relevant to the work activities included in the survey.

### Survey Chronology

The survey development and administration timeline was as follows:

May - June 2008

- The initial study workgroup along with staff from ANCC drafted the survey
- The survey was pilot tested and revised.

July - August 2008

- The final survey was administered on the web.

September - November 2008

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

### Sample Selection

On April 21, 2008, there were a total 15,991 actively certified ANCC adult nurse practitioners. A random sample of 1,500 adult nurse practitioners stratified by region was selected from the ANCC certification database. Table 1 presents the numbers of ANCC certified adult nurse practitioners that were selected from each region.

Table 1. Number of Surveys Mailed Out per Geographic Region

Geographic Region	Adult Nurse Practitioner	
	Number certified (percent of total pop.)	Number selected (percent of total pop.)
<b>Northeast</b> – NY, CT, MA, NJ, ME, PA, NH, VT, RI	5,868 (37%)	550 (37%)
<b>South</b> – TN, MS, TX, FL, LA, AL, GA, AR, OK, VA, MD, SC, DC, NC, WV, DE, KY	4,441 (28%)	417 (28%)
<b>Midwest</b> – IA, NE, KS, OH, MO, MN, SD, ND, MI, IL, IN, WI	3,544 (22%)	332 (22%)
<b>West</b> – WA, AZ, CA, OR, CO, AK, ID, MN, UT, HI, NV, WY, MT	2,108 (13%)	198 (13%)
<b>Other</b> – AE, AP, APO	30 (<1%)	3 (<1%)
<b>Total</b>	<b>15,991 (100%)</b>	<b>1,500 (100%)</b>

## Survey Development and Measures

On May 7-9, 2008, the initial study workgroup met in Silver Spring, MD in order to draft the national Nurse Practitioner: Adult, Family, Gerontological and Pediatric Role Delineation Study survey for the 2008 role delineation study. The panel members reviewed the work activities which had been used in the ANCC's 2003 Role Delineation Survey of Nurse Practitioners. During the meeting, they discussed any additions, deletions, and changes they would make to update the 2003 work activity list to reflect current practice of nurse practitioners working within any of the four population areas. The panel referred to the National Organization of Nurse Practitioner Faculties' *Nurse Practitioner Core and Primary Care Competencies*, *The Essentials of Master's Education for Advanced Practice Nursing*, the *ANA Scopes and Standards of Nursing Practice (2<sup>nd</sup> edition)*, as well as other nurse practitioner related documents (e.g., text books) through out their discussions. The goal of this process was to create a comprehensive list relevant work activities that were potentially performed by nurse practitioners in any one of the population areas, regardless of whether it was performed in the others. As a result of this meeting, the panel reached consensus on a new list of 128 work activities to be used in the 2008 survey. These work activities were divided into five domains: Assessment of Health Status, Diagnosis of Health Status, Plan of Care and Treatment Implementation, Professional Role, and Teaching and Coaching. The complete text of the work activities list is presented in **Appendix A**. The workgroup also identified and finalized a set of 16 demographic items for inclusion in the survey. (See **Appendix B**).

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

**Table 2. Survey Questions for Rating Work Activity Statements**

<p>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 whether you perform or are expected to perform the activity; the possibility exists that an activity has severe consequences, even if you never perform it.</p> <p>Performance Expectation: When is a newly certified nurse practitioner first expected to perform this activity?</p> <ul style="list-style-type: none"><li>-- Within the first 6 months of working within the role.</li><li>-- After the first 6 months of working within the role.</li><li>-- Never expected to perform this activity within the role.</li></ul> <p>Frequency: How often does a newly certified nurse practitioner perform this activity (consider within a one year period)?</p> <ul style="list-style-type: none"><li>-- Frequently</li><li>-- Often</li><li>-- Occasionally</li><li>-- Seldom</li><li>-- Never</li></ul> <p>Consequences: Does incorrect performance of this activity cause the patient:</p> <ul style="list-style-type: none"><li>-- Little or no physical or psychological harm?</li><li>-- Moderate physical or psychological harm?</li><li>-- Severe physical or psychological harm?</li></ul>
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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 initial study workgroup discussed the importance of each scale to the performance of the work activity. The workgroup determined that the performance expectation scale should be regarded as more critical than the other two scales for representing entry-level practice. The consequence scale was then regarded as more critical than the frequency scale. Therefore the panel agreed to combine the scales 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 new practitioners immediately on the job and have the greatest impact on public health or safety. Thus this scheme was selected as the organizing mechanism for combining the responses from the three survey scales into an overall measure of criticality.

## **Data Collection**

*Pilot Testing.* Using the same procedures intended for administering the national data collection, the survey was piloted in May-June 2008. Twenty-five (25) ANCC certified adult nurse practitioners randomly selected from across the nation were included in the sample of 100 ANCC certified nurse practitioners invited to take the pilot survey. Overall, 29 (29 percent) of the nurse practitioners invited to take the pilot survey responded; five (5) respondents were adult nurse practitioner. The respondents of the pilot test in general indicated that the work activities were appropriate and reflective of the job of the nurse practitioner.

*National Survey.* Beginning in July and August 2008, the 1,500 adult nurse practitioners selected to take the national web-based survey were sent three notifications via the United States Postal Service: an alert letter, and two follow-up reminders. The alert letter explained the purpose and importance of the study, the eligibility criteria of the study, and stated how to access the survey via the internet. The letter indicated that the participant's responses would be kept confidential.

The letter also notified that respondents completing the survey receive a 5 hour reduction of their continuing education requirement for their recertification.

The first follow-up reminder letter was sent approximately two-weeks after the alert letter. It thanked recipients if they had already submitted their completed survey and encouraged them to do so if they had not already.

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

## **Data Analysis**

The three rating scales were combined into a single measure of overall criticality using a hierarchical method. As agreed by the initial study workgroup, the three rating scales were combined into a single measure in such a manner that a particular value on the performance expectation scale would outweigh or outrank all values on the consequence and frequency scales, and that a particular value on the consequence scale would outweigh or outrank all values on the frequency scale.

Table 3 displays how the values of the overall criticality rating were constructed according to all the possible survey response patterns that might be given to rate an individual work activity by its frequency, performance expectation, and consequence. For example, if a respondent indicated that a particular work activity was expected to be performed within the first six months of assuming the role of a nurse practitioner, could cause severe harm to the patient if it was performed incorrectly, and is performed occasionally, the overall criticality rating for that response pattern would be 29. A score of 22 suggests that a work activity is generally expected to be performed within the first six months of assuming the role of a nurse practitioner and have moderate consequences if incorrectly performed. Therefore, work activities with scores of 22 or

higher on the overall criticality variable may be considered as highly critical. When a work activity was rated as *never expected* on the performance expectation scale, it would receive an overall criticality score of 1 as the bottom row in Table 3 indicates.

**Table 3. Construction of the Overall Criticality Variable**

Performance Expectation	Survey Response Options		Overall Criticality Score
	Consequence	Frequency	
Within first 6 months	Severe	Frequently	31
		Often	30
		Occasionally	29
		Seldom	28
		Never	27
	Moderate	Frequently	26
		Often	25
		Occasionally	24
		Seldom	23
		Never	22
	Little or no	Frequently	21
		Often	20
		Occasionally	19
		Seldom	18
		Never	17
After first 6 months	Severe	Frequently	16
		Often	15
		Occasionally	14
		Seldom	13
		Never	12
	Moderate	Frequently	11
		Often	10
		Occasionally	9
		Seldom	8
		Never	7
	Little or no	Frequently	6
		Often	5
		Occasionally	4
		Seldom	3
		Never	2
Never expected	All options	All options	1

## Survey Results

The total sample size of the national survey included 1,500 ANCC certified adult nurse practitioner. A total of 430 valid adult nurse practitioner surveys were returned for an overall response rate of 29 percent.

Table 4 shows the percent of surveys per population returned in each geographic region compared to the number of ANCC certified adult nurse practitioners selected within the region.

**Table 4. Number of Surveys Returned per Geographic Region for Adult Nurse Practitioner**

Geographic Region	Adult Nurse Practitioner	
	Number Selected (percent of total pop.)	Number Return (percent of total pop.)
Northeast – NY, CT, MA, NJ, ME, PA, NH, VT, RI	550(37%)	142(33%)
South – TN, MS, TX, FL, LA, AL, GA, AR, OK, VA, MD, SC, DC, NC, WV, DE, KY	417 (28%)	127 (30%)
Midwest – IA, NE, KS, OH, MO, MN, SD, ND, MI, IL, IN, WI	332 (22%)	105 (24%)
West – WA, AZ, CA, OR, CO, AK, ID, MN, UT, HI, NV, WY, MT	198 (13%)	55 (13%)
Other – AE, AP, APO	3 (<1%)	1 (<1%)
<b>Total</b>	<b>1,500 (100%)</b>	<b>430 (100%)</b>

### Demographic Information

**Appendix B** details the adult nurse practitioners survey respondents' responses to the survey's sixteen demographic questions which included inquiry on the practitioner's background and practice setting.

#### *Demographic Background*

Approximately 94 percent of the respondents were female and more than 91 percent reported to be white. Approximately 67 percent of the overall sample fell into the age group of 45-64 years of age.

Approximately 84 percent of adult nurse practitioners indicated that they held a Masters in Nursing as one of their highest degree. Three (3) percent of the respondents had doctorate degrees in Nursing Research (Ph.D., DNS, DNS). Approximately 0.5 percent indicated they held a Doctorate of Nursing Practice. Nine (9) percent of the respondents indicated they held a degree other than what was listed as their highest level of education. A majority of the individuals specifying other indicated that a post-masters nurse practitioner certification was the highest degree they held.

The average number of years of experience the adult nurse practitioner respondents had an RN was nearly 23 years. The respondents also reported on average 11 years of experience as a nurse practitioner.

#### *Practice Settings*

Approximately 35 percent of the adult nurse practitioner respondents indicated that they practiced in cities with populations between 50,000 and 249,999. Metropolitan areas with a population between 250,000 – 999,999 had the second highest percent of respondents (25 percent). Only two and a half percent of the respondents indicated working in a rural (population less than 2,500) practice location.

In terms of practice setting, the highest percentage of adult nurse practitioner respondents indicating they practice in a private group practice (21 percent). Hospital, inpatient and hospital outpatient settings came in either second or third (20 percent and 16 percent, respectively).

Adult nurse practitioners also reported on average 75 percent of their time was spent providing direct patient care with approximately two-third of this time caring for acute and chronic illnesses. The adult nurse practitioners also indicated that approximately 57 percent of their time was spent in caring for adults (ages 18 to 65 years) and 40 percent with aging adults (ages over 65 years.) When asked how many hours per week on average they spent in direct patient care, 64 percent of the adult nurse practitioner reported spending between 30 and 49 hours per week.

Finally, overall 95 percent of the adult nurse practitioners indicated that they have privileges to prescribe medication in their current practice. Eighty-seven (87) percent indicated that they are required to have a physician collaborator or supervisor in their practice setting, and just under half (48%) reported having hospital privileges.

### Practice Descriptions

Descriptive statistics (means, standard deviations, and medians) for the three ratings of all 128 work activities—performance expectation, consequence, and frequency—and mean overall criticality are listed in **Appendix C**. The scales were highly reliable. Cronbach's coefficient alpha estimates for the performance expectation, consequence, and frequency scales when applied to all the data were 0.971, 0.987, and 0.979, respectively. (Cronbach's coefficient alpha, a measure of internal stability, ranges in value between 0 and 1.)

In **Appendix D**, the mean overall criticality statistics are presented in rank order of criticality. As indicated in Table 5, 90 work activity statements were rated by the adult nurse practitioner respondents as highly critical (with a mean overall criticality rank of 22 or above). These work activities included a high proportion of items from the Assessment of Health Status, Diagnosis of Health Status, Plan of Care and Treatment Implementation, and Professional Role domains. Of note was that every work activities under Diagnosis of Health Status received a mean overall criticality ranking of 22 or higher and only one work activity listed under Teaching and Coaching (work activity no. 124: Educate patient and/or family regarding plan of care...) fell into this category.

**Table 5. Number of Work Activities by Mean Overall Criticality Range and Population for Adult Nurse Practitioners**

	Mean Overall Criticality Score						Total number above 22
	27 and above	Between 22 and 26	Between 17 and 21	Between 12 and 16	Between 7 and 11	6 and below	
Number of Work Activities	16	74	30	5	2	1	90

Table 6 and 7 displays the 20 highest-ranking and the 20 lowest-ranking work activities by mean overall criticality respectively. The grey shading in Table 6 indicates the 16 work activities that received criticality ratings of 27 and above. The majority of these activities fell into the domains of Assessment of Health Status, Diagnosis of Health Status and Professional Role. No work activity listed under Teaching and Coaching received a criticality rating of 27 or above.

The three lowest ranked work activities that received criticality rankings of 11 or less are highlighted in Table 7. These are work activities nos. 127, 116, and 128 with mean overall criticality rankings of 10.36, 10.13, and 8.46 respectively. These activities focused on providing education to the community/groups and health care professionals and participating in clinical and/or evaluation research.

**Table 6. Top 20 Work Activities Ranked by Mean Overall Criticality for Adult Nurse Practitioners**

<b>Work Activity Number and Name</b>	<b>Mean Overall Criticality</b>
111 Maintain patient confidentiality according to current guidelines (e.g., HIPAA)	29.01
112 Identify and refer patient conditions beyond the individual NP's clinical expertise	28.85
25 Assess conditions related to the cardiovascular system	28.67
47 Identify normal and abnormal findings in history and physical examination	28.49
24 Assess conditions related to the respiratory system	28.38
107 Document assessment and physical findings	28.33
113 Identify and refer patient conditions beyond the individual NP's legal scope of practice	28.31
51 Determine life-threatening illness and/or unstable conditions	28.29
3 Collect data according to the patient's immediate condition or needs	27.94
108 Document diagnoses and plan of care	27.94
56 Prescribe medications considering interactions, effects (therapeutic, side, adverse), patient characteristics, diagnoses, cost and/or accessibility	27.88
14 Assess patient and family knowledge and use of prescription and over-the-counter medications	27.73
104 Provide for patient safety within scope of legal and professional guidelines	27.31
64 Manage conditions related to the respiratory system	27.19
44 Perform problem-focused or interval physical examination	27.13
26 Assess conditions related to the gastrointestinal system	27.03
2 Obtain a problem-focused or interval history	26.79
65 Manage conditions related to the cardiovascular system	26.51
29 Assess conditions related to the neurological system	26.48
8 Assess patient and family risk for violence, abuse, and neglect	26.43

**Table 7. Bottom 20 Work Activities Ranked by Mean Overall Criticality for Adult Nurse Practitioners**

<b>Work Activity Number and Name</b>	<b>Mean Overall Criticality</b>
105 Provide transitional care and information exchange between inpatient, outpatient, and community care settings	19.52
114 Engage in continuous quality improvement activities	19.19
99 Formulate plan of care based on emerging trends in health care	18.67
126 Counsel patient and/or family through grief, dying, and death	18.4
77 Manage conditions related to developmental delays/impairments	18.37
115 Advocate to improve patient access to quality, cost-effective health care	18.21
81 Manage conditions affecting sexual and reproductive health	18.11
100 Provide palliative care interventions	17.96
120 Incorporate informatics into clinical practice	17.93
106 Perform primary care procedures including but not limited to suturing, minor lesion removal, microscopy, pap test	17.76
123 Develop comprehensive education plans for patients and/or families that consider health literacy and learning barriers and facilitators.	17.59
38 Assess conditions related to learning disabilities	17.23
85 Formulate plan of care that incorporate principles of epidemiology	16.93
13 Assess patient and family knowledge and use of complementary/alternative therapies	16.54
22 Assess interaction between the community and patient health status	16.39
89 Recommend complementary and/or alternative therapies	14.97
118 Evaluate the impact of regulations and legislation on advanced nursing practice and advocate for changes when appropriate	14.77
127 Provide community/group education	10.36
116 Participate in clinical and/or evaluation research	10.13

Work Activity Number and Name	Mean Overall Criticality
128 Provide educational offerings to health care professionals	8.46

**Appendix A**  
**Work Activities Statements**

## **Work Activity No. and Statement**

### **Assessment of Health Status**

- 1 Obtain a comprehensive patient history
- 2 Obtain a problem-focused or interval history
- 3 Collect data according to the patient's immediate condition or needs
- 4 Assess patient and family knowledge and behavior regarding nutrition/hydration
- 5 Assess family communication and decision-making
- 6 Assess patient and family support systems
- 7 Assess patient and family perception of health and health risk factors
- 8 Assess patient and family risk for violence, abuse, and neglect
- 9 Assess patient and family unintentional injury risk
- 10 Assess patient and family psychosocial risks and needs
- 11 Assess patient and family cultural and spiritual beliefs/values that influence health care
- 12 Assess patient and family health risks and needs based on developmental/life stage
- 13 Assess patient and family knowledge and use of complementary/alternative therapies
- 14 Assess patient and family knowledge and use of prescription and over-the-counter medications
- 15 Assess patient and family health risks based on lifestyle, health habits, substance use/abuse, and sexual practices
- 16 Assess health risks based on past medical history
- 17 Assess health risks based on socioeconomic factors
- 18 Assess genetic/familial health risks
- 19 Assess occupational health risks
- 20 Assess health risks based on immunization status
- 21 Assess interaction between the physical environment and patient health status
- 22 Assess interaction between the community and patient health status
- 23 Assess conditions related to the head, eyes, ears, nose, and throat
- 24 Assess conditions related to the respiratory system
- 25 Assess conditions related to the cardiovascular system
- 26 Assess conditions related to the gastrointestinal system
- 27 Assess conditions related to the genitourinary system
- 28 Assess conditions related to the musculoskeletal system
- 29 Assess conditions related to the neurological system
- 30 Assess conditions related to the endocrine system (including metabolic disorders)
- 31 Assess conditions related to the hematopoietic system
- 32 Assess conditions related to the immune system
- 33 Assess conditions related to the integumentary system
- 34 Assess conditions related to the lymphatic system
- 35 Assess conditions related to infectious/communicable diseases
- 36 Assess conditions related to physical function and mobility
- 37 Assess conditions related to developmental delays/impairments
- 38 Assess conditions related to learning disabilities
- 39 Assess conditions related to acute and/or chronic pain
- 40 Assess conditions related to nutrition/hydration
- 41 Assess conditions related to mental health
- 42 Assess cognitive status and decision-making capacity

### **Work Activity No. and Statement**

- 43 Assess sexual and/or reproductive health
- 44 Perform problem-focused or interval physical examination
- 45 Perform comprehensive physical examination
- 46 Select and/or perform physical, psychosocial, or developmental screening tests that are appropriate to condition or needs based on clinical guidelines, risks, costs and benefits

### **Diagnosis of Health Status**

- 47 Identify normal and abnormal findings in history and physical examination
- 48 Identify age-related findings in history and physical examination
- 49 Select and/or perform diagnostic tests that are appropriate to condition or needs based on clinical guidelines, risks, costs and benefits
- 50 Identify any interactions among diet, medications, substance use and/or complementary/alternative therapies
- 51 Determine life-threatening illness and/or unstable conditions
- 52 Develop a comprehensive problem list based on assessment findings
- 53 Use diagnostic reasoning to establish and prioritize differential diagnoses
- 54 Interpret laboratory and other diagnostic data based on physiologic and pathologic conditions

### **Plan of Care and Treatment Implementation**

- 55 Engage in consultation, referral and/or collaboration with other health professionals and community resources
- 56 Prescribe medications considering interactions, effects (therapeutic, side, adverse), patient characteristics, diagnoses, cost and/or accessibility
- 57 Prescribe medications considering absorption, distribution, metabolism and excretion
- 58 Prescribe non-pharmacologic interventions and/or medical equipment considering risks and benefits, patient characteristics, diagnoses, cost and/or accessibility
- 59 Prioritize interventions based on severity and complexity of health problems
- 60 Determine treatment decisions considering comorbidities
- 61 Incorporate existing support system into treatment plan
- 62 Plan follow-up care at designated intervals based on condition and/or clinical guidelines
- 63 Manage conditions related to the head, eyes, ears, nose, and throat
- 64 Manage conditions related to the respiratory system
- 65 Manage conditions related to the cardiovascular system
- 66 Manage conditions related to the gastrointestinal system
- 67 Manage conditions related to the genitourinary system
- 68 Manage conditions related to the musculoskeletal system
- 69 Manage conditions related to the neurological system
- 70 Manage conditions related to the endocrine system (including metabolic disorders)
- 71 Manage conditions related to the hematopoietic system
- 72 Manage conditions related to the immune system
- 73 Manage conditions related to the integumentary system
- 74 Manage conditions related to the lymphatic system
- 75 Manage conditions related to infectious/communicable diseases
- 76 Manage conditions related to physical function and mobility
- 77 Manage conditions related to developmental delays/impairments
- 78 Manage conditions related to acute and/or chronic pain

### **Work Activity No. and Statement**

- 79 Manage conditions related to nutrition/hydration
- 80 Manage conditions related to mental health
- 81 Manage conditions affecting sexual and reproductive health
- 82 Manage comorbidities
- 83 Manage psychosocial concerns
- 84 Formulate plan of care that consider the pathophysiology of acute and chronic conditions
- 85 Formulate plan of care that incorporate principles of epidemiology
- 86 Select interventions based on clinical practice standards, evidence-based guidelines, and ethical/legal principles
- 87 Treat acute and/or chronic conditions using current technological interventions
- 88 Immunize based on current recommendations
- 89 Recommend complementary and/or alternative therapies
- 90 Make referrals to support services and resources to reduce caregiver stress
- 91 Activate protective services in cases of suspected abuse and neglect
- 92 Coordinate care (including multiple specialty follow-up and treatment plans) for patients with complex conditions
- 93 Evaluate patient progress in health promotion/disease prevention activities
- 94 Evaluate diagnostic findings and modify treatment plans accordingly
- 95 Evaluate effectiveness of pharmacologic regimen, considering polypharmacy, and modify treatment plan as appropriate
- 96 Evaluate effectiveness of nonpharmacologic interventions and modify treatment plan as appropriate
- 97 Evaluate adherence to treatment plan and modify as appropriate
- 98 Evaluate the impact of diagnosis and treatment on patient and family
- 99 Formulate plan of care based on emerging trends in health care
- 100 Provide palliative care interventions
- 101 Collaborate with patient and family to determine plan of care including health care goals
- 102 Provide non-biased counseling to obtain informed consent/assent
- 103 Provide non-biased counseling regarding advance directives
- 104 Provide for patient safety within scope of legal and professional guidelines
- 105 Provide transitional care and information exchange between inpatient, outpatient, and community care settings
- 106 Perform primary care procedures including but not limited to suturing, minor lesion removal, microscopy, pap test

### **Professional Role**

- 107 Document assessment and physical findings
- 108 Document diagnoses and plan of care
- 109 Negotiate care considering patient's/proxy's right to choose/refuse treatment options
- 110 Incorporate patient/family culture, values, health beliefs and behaviors into clinical practice
- 111 Maintain patient confidentiality according to current guidelines ( e.g., HIPAA)
- 112 Identify and refer patient conditions beyond the individual NP's clinical expertise
- 113 Identify and refer patient conditions beyond the individual NP's legal scope of practice
- 114 Engage in continuous quality improvement activities
- 115 Advocate to improve patient access to quality, cost-effective health care

**Work Activity No. and Statement**

- 116 Participate in clinical and/or evaluation research
- 117 Participate in personal professional development activities
- 118 Evaluate the impact of regulations and legislation on advanced nursing practice and advocate for changes when appropriate
- 119 Incorporate current evidence-based findings into clinical practice
- 120 Incorporate informatics into clinical practice
- 121 Address legal/ethical dilemmas in clinical practice
- 122 Document in accordance with current regulatory processes and payer systems

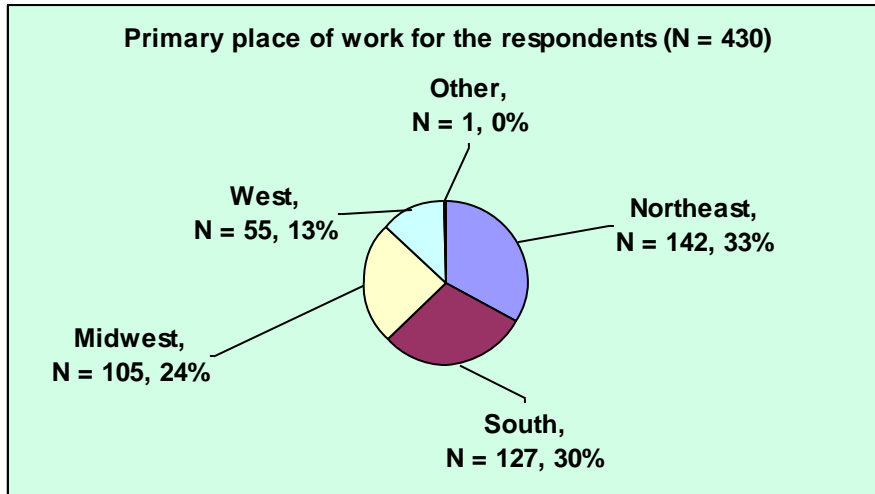
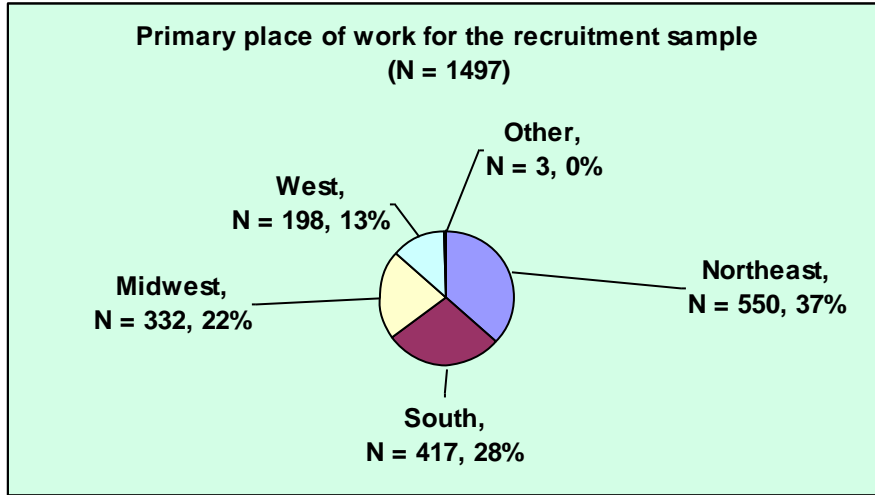
**Teaching and Coaching**

- 123 Develop comprehensive education plans for patients and/or families that consider health literacy and learning barriers and facilitators
- 124 Educate patient and/or family regarding plan of care including testing, diagnosis, treatments and/or implications
- 125 Provide anticipatory guidance for patient and/or family
- 126 Counsel patient and/or family through grief, dying, and death
- 127 Provide community/group education
- 128 Provide educational offerings to health care professionals

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## **Appendix B Demographic Data Summary**

1. Primary place of work



2. What is your gender?

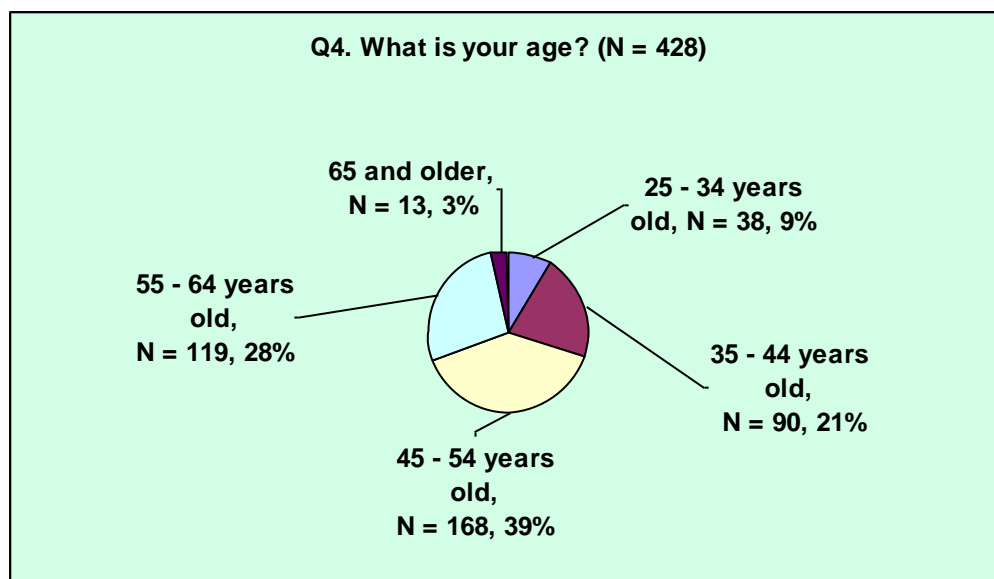
	Count	Percent
Female	401	93.69%
Male	27	6.31%
<b>Total</b>	<b>428</b>	<b>100.00%</b>
(Missing)	2)	

**3. What is your race/Hispanic origin background?**

	Count	Percent
White Alone, Not Hispanic or Latino	387	91.27%
Black or African American Alone	15	3.54%
American Indian and Alaska Native Alone	1	0.24%
Asian Alone	11	2.59%
Two or More Races	7	1.65%
Hispanic or Latino (Any Race)	3	0.71%
<b>Total (Missing</b>	<b>424 6)</b>	<b>100.00%</b>

**4. What is your age?**

	Count	Percent
25 - 34 years old	38	8.88%
35 - 44 years old	90	21.03%
45 - 54 years old	168	39.25%
55 - 64 years old	119	27.80%
65 and older	13	3.04%
<b>Total (Missing</b>	<b>428 2)</b>	<b>100.00%</b>



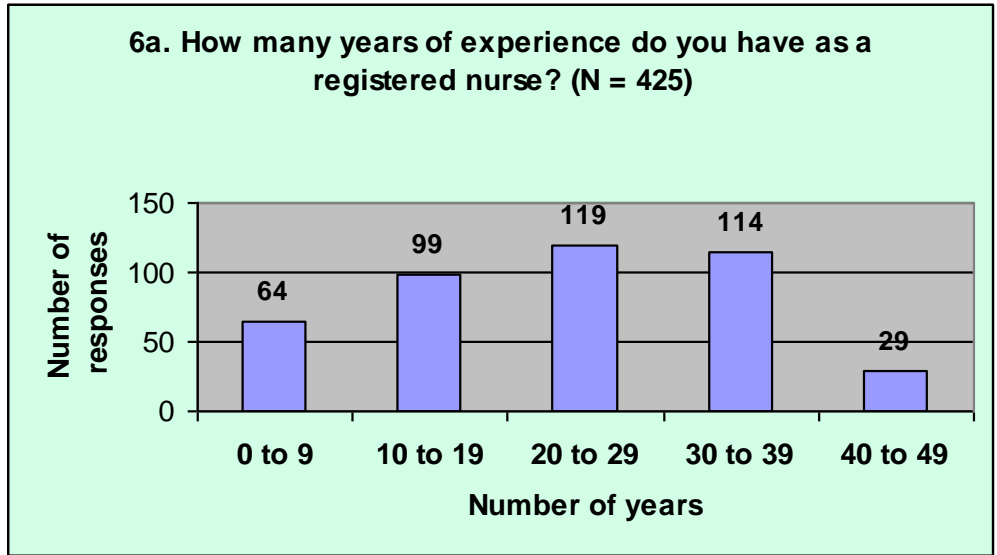
**5. Indicate the highest educational level you have completed**

	<b>Count</b>	<b>Percent*</b>
<b>Masters in Nursing</b>	<b>360</b>	<b>83.72%</b>
<b>Masters in field other than Nursing</b>	<b>30</b>	<b>6.98%</b>
<b>Doctorate in Nursing Research (e.g., Ph.D., DNS, DSN)</b>	<b>13</b>	<b>3.02%</b>
<b>Doctorate in Nursing Practice (DNP)</b>	<b>2</b>	<b>0.47%</b>
<b>Doctorate in field other than Nursing</b>	<b>8</b>	<b>1.86%</b>
<b>Other</b>	<b>40</b>	<b>9.30%</b>

\*The percentage is computed using "Total = 430," however, the total count is larger than 430, as this question asks the respondents to choose all that apply

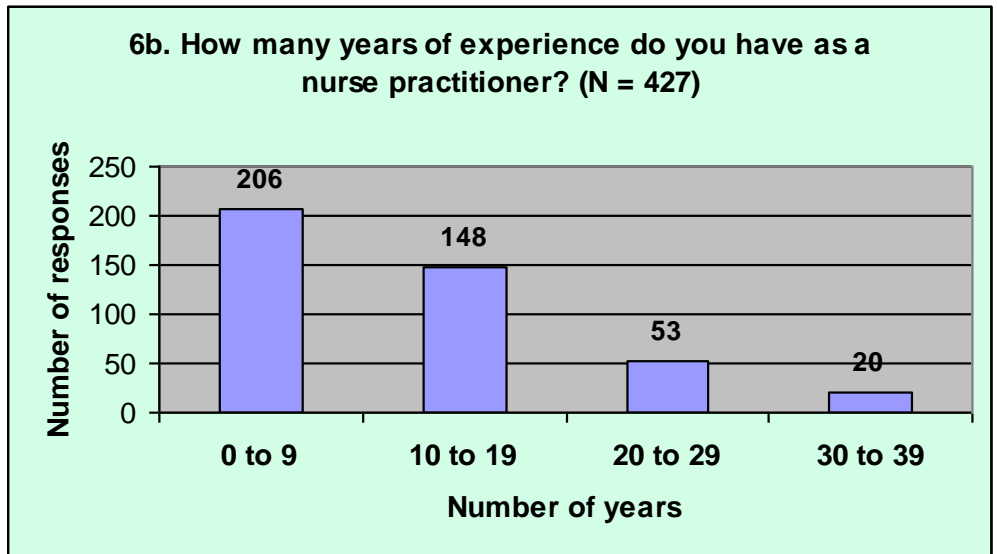
**6a. How many years of experience do you have as a registered nurse?**

Number of years	Count	Percent
0 to 9	64	15.06%
10 to 19	99	23.29%
20 to 29	119	28.00%
30 to 39	114	26.82%
40 to 49	29	6.82%
<b>Total</b>	<b>425</b>	<b>100.00%</b>
<b>(Missing</b>	<b>5)</b>	



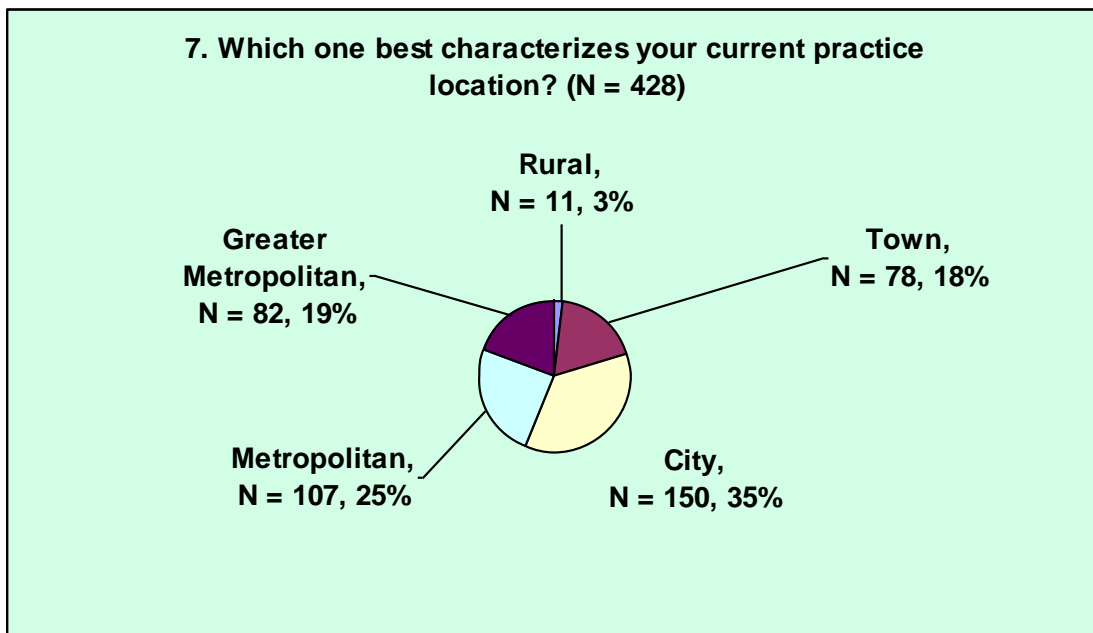
**6b. How many years of experience do you have as a nurse practitioner?**

Number of years	Count	Percent
0 to 9	206	48.24%
10 to 19	148	34.66%
20 to 29	53	12.41%
30 to 39	20	4.68%
<b>Total</b>	<b>427</b>	<b>100.00%</b>
<b>(Missing</b>	<b>3)</b>	



7. Which one of the following best characterizes your current clinical practice location? (Mark only one)

	Count	Percent
Rural (population less than 2,500)	11	2.57%
Town (population between 2,500 - 49,999)	78	18.22%
City (population between 50,000 - 249,999)	150	35.05%
Metropolitan (population between 250,000 - 999,999)	107	25.00%
Greater Metropolitan (population greater than 999,999)	82	19.16%
Total	428	100.00%
(Missing 2)		



**8. The percentage of time (during an average week) that you provide health care for patients in each of the age group**

	Infant (birth to 2 years)		Child (3 to 12 years)		Adolescent (13 to 17 years)		Adult (18 to 65 years)		Aging Adult (over 65 years)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Less than 20%	343	99.71%	342	98.84%	344	94.25%	24	5.65%	117	28.06%
21% to 40%	0	0.00%	4	1.16%	15	4.11%	97	22.82%	110	26.38%
41% to 60%	1	0.29%	0	0.00%	2	0.55%	140	32.94%	132	31.65%
61% to 80%	0	0.00%	0	0.00%	1	0.27%	92	21.65%	41	9.83%
81% to 100%	0	0.00%	0	0.00%	3	0.82%	72	16.94%	17	4.08%
<b>Valid Responses</b>	<b>344</b>	<b>100.00%</b>	<b>346</b>	<b>100.00%</b>	<b>365</b>	<b>100.00%</b>	<b>425</b>	<b>100.00%</b>	<b>417</b>	<b>100.00%</b>
<b>Missing</b>	<b>86</b>		<b>84</b>		<b>65</b>		<b>5</b>		<b>13</b>	
	Infant (birth to 2 years)		Child (3 to 12 years)		Adolescent (13 to 17 years)		Adult (18 to 65 years)		Aging Adult (over 65 years)	
<b>Mean percent spent with each age group</b>	<b>0.48%</b>		<b>1.04%</b>		<b>4.93%</b>		<b>57.35%</b>		<b>39.09%</b>	

9. The percentage of time (during an average week) that you provide patients with

	Health maintenance		Maternity care		Acute illness care		Chronic illness care		End-of-life care	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Less than 20%	271	68.26%	368	98.92%	155	37.17%	134	32.92%	362	95.77%
21% to 40%	94	23.68%	2	0.54%	150	35.97%	148	36.36%	8	2.12%
41% to 60%	23	5.79%	0	0.00%	68	16.31%	81	19.90%	2	0.53%
61% to 80%	7	1.76%	0	0.00%	33	7.91%	33	8.11%	4	1.06%
81% to 100%	2	0.50%	2	0.54%	11	2.64%	11	2.70%	2	0.53%
<b>Valid Responses</b>	<b>397</b>	<b>100.00%</b>	<b>372</b>	<b>100.00%</b>	<b>417</b>	<b>100.00%</b>	<b>407</b>	<b>100.00%</b>	<b>378</b>	<b>100.00%</b>
<b>Missing</b>	<b>33</b>		<b>58</b>		<b>13</b>		<b>23</b>		<b>52</b>	
	Health maintenance		Maternity care		Acute illness care		Chronic illness care		End-of-life care	
<b>Mean percent spent with each age group</b>	<b>18.99%</b>		<b>0.98%</b>		<b>31.58%</b>		<b>34.05%</b>		<b>5.66%</b>	

(Continue to the next page)

9. The percentage of time (during an average week) that you provide patients with (continue)

	Mental health care		Other	
	Count	Percent	Count	Percent
Less than 20%	348	91.34%	168	85.71%
21% to 40%	21	5.51%	8	4.08%
41% to 60%	3	0.79%	5	2.55%
61% to 80%	3	0.79%	3	1.53%
81% to 100%	6	1.57%	12	6.12%
<b>Valid Responses</b>	<b>381</b>	<b>100.00%</b>	<b>196</b>	<b>100.00%</b>
<b>Missing</b>	<b>49</b>		<b>234</b>	
	Mental health care		Other	
<b>Mean percent spent with each age group</b>	<b>9.49%</b>		<b>11.80%</b>	

10. Which of the following describes your practice setting? (Mark all that apply.)

	Count	Percent*
Private group practice	136	21.22%
Hospital, inpatient	132	20.59%
Hospital, outpatient	104	16.22%
Nursing home/long-term care	44	6.86%
VA/Armed forces	35	5.46%
Community/Public Health (city/county/state/federal agency)	28	4.37%
Managed care (HMO, Blue Cross/Blue Shield)	20	3.12%
School or college health	19	2.96%
Occupational Health	13	2.03%
Independent nurse practitioner practice	12	1.87%
Medical school	12	1.87%
Rural health clinic	9	1.40%
School/College of nursing	9	1.40%
Home Health Care	7	1.09%
Hospice facility	7	1.09%
Retail based clinic	2	0.31%
Other	49	7.64%

\*The percentage is computed using "Total = 430," however, the total count is larger than 430, as this question asks the respondents to choose all that apply

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

Number of Hours	Count	Percent
0 to 9	14	3.41%
10 to 19	36	8.76%
20 to 29	59	14.36%
30 to 39	140	34.06%
40 to 49	125	30.41%
50 to 59	22	5.35%
Over 60	15	3.65%
<b>Total</b>	<b>411</b>	<b>100.00%</b>
<b>(Missing</b>	<b>19)</b>	

12. The percentage of an average week spent in each of the following activities

	Direct patient care		Management, supervision, and administration		Teaching		Research		Consultation		Other	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Less than 20%	31	7.28%	294	88.02%	289	88.65%	276	97.87%	288	92.60%	149	89.76%
21% to 40%	26	6.10%	22	6.59%	26	7.98%	3	1.06%	12	3.86%	2	1.20%
41% to 60%	53	12.44%	7	2.10%	6	1.84%	2	0.71%	5	1.61%	2	1.20%
61% to 80%	120	28.17%	11	3.29%	2	0.61%	1	0.35%	2	0.64%	1	0.60%
81% to 100%	196	46.01%	0	0.00%	3	0.92%	0	0.00%	4	1.29%	1	0.60%
<b>Valid Responses</b>	<b>426</b>	<b>100.00%</b>	<b>334</b>	<b>100.00%</b>	<b>326</b>	<b>100.00%</b>	<b>282</b>	<b>100.00%</b>	<b>311</b>	<b>100.00%</b>	<b>166</b>	<b>100.00%</b>
<b>Missing</b>	<b>4</b>		<b>96</b>		<b>104</b>		<b>148</b>		<b>119</b>		<b>275</b>	
	Direct patient care		Management, supervision, and administration		Teaching		Research		Consultation		Other	
<b>Mean percent spent with each age group</b>	<b>74.60%</b>		<b>10.50%</b>		<b>10.31%</b>		<b>3.01%</b>		<b>8.79%</b>		<b>4.98%</b>	

**13. Do you have privileges to prescribe medications in your current practice setting?**

	Count	Percent
Yes	408	95.10%
No	21	4.90%
<b>Total (Missing</b>	<b>429 1)</b>	<b>100.00%</b>

**14. Are you required to have a physician collaborator/supervisor?**

	Count	Percent
Yes	375	87.21%
No	54	12.56%
<b>Total (Missing</b>	<b>430 1)</b>	<b>100.00%</b>

**15. Do you have hospital privileges in your current practice setting?**

	Count	Percent
Yes	209	48.6%
No	219	50.93%
<b>Total (Missing</b>	<b>428 2)</b>	<b>100.00%</b>

**16. Do you: (Mark all that apply)**

	Count	Percent
Admit patients to the hospital	110	17.19%
Manage patients during hospitalization	151	23.59%
Discharge patients from the hospital	127	19.84%

## **Appendix C**

### **Work Activities Descriptive Statistics**

**Adult Nurse Practitioner Survey Order**

		Performance Expectation				N	Consequence			N	Frequency			Overall Rank		
		N	Mean	Std Dev	Median		Mean	Std Dev	Median		Mean	Std Dev	Median	N	Mean	Std Dev
1	Obtain a comprehensive patient history	430	1.98	0.15	2	430	1.15	0.63	1	430	3.41	0.62	3	430	25.92	3.89
2	Obtain a problem-focused or interval history	430	1.98	0.14	2	430	1.28	0.6	1	429	3.66	0.48	4	429	26.79	3.68
3	Collect data according to the patient's immediate condition or needs	430	1.99	0.12	2	429	1.48	0.61	2	429	3.77	0.47	4	428	27.94	3.77
4	Assess patient and family knowledge and behavior regarding nutrition/hydration	430	1.95	0.22	2	430	0.9	0.58	1	430	3.13	0.68	3	430	23.85	4.69
5	Assess family communication and decision-making	430	1.92	0.27	2	430	1.24	0.67	1	429	3.64	0.57	4	429	25.67	5.43
6	Assess patient and family support systems	430	1.92	0.28	2	430	0.81	0.6	1	430	3.15	0.73	3	430	23.03	5.62
7	Assess patient and family perception of health and health risk factors	430	1.92	0.28	2	430	0.88	0.57	1	430	3.32	0.65	3	430	23.52	5.32
8	Assess patient and family risk for violence, abuse, and neglect	430	1.9	0.32	2	430	1.53	0.62	2	430	3.19	0.89	3	430	26.43	6.16

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = little or none, 1 = moderate, 2 = severe; Frequency response options): 0 = never, 1 = seldom, 2 = occasionally, 3 = often, 4 = frequently

**Adult Nurse Practitioner Survey Order**

		Performance Expectation				N	Consequence			N	Frequency			Overall Rank		
		N	Mean	Std Dev	Med-ian		Mean	Std Dev	Med-ian		Mean	Std Dev	Med-ian	N	Mean	Std Dev
9	Assess patient and family unintentional injury risk	430	1.85	0.38	2	429	1.2	0.67	1	429	2.97	0.92	3	429	23.76	7.04
10	Assess patient and family psychosocial risks and needs	430	1.89	0.32	2	430	1.03	0.6	1	430	3.23	0.76	3	430	23.73	6.09
11	Assess patient and family cultural and spiritual beliefs/values that influence health care	430	1.83	0.4	2	430	0.75	0.6	1	430	2.91	0.87	3	430	21.13	6.98
12	Assess patient and family health risks and needs based on developmental/life stage	430	1.89	0.34	2	429	0.87	0.58	1	430	3.15	0.81	3	429	22.93	6.11
13	Assess patient and family knowledge and use of complementary/alternative therapies	430	1.54	0.55	2	430	0.7	0.65	1	430	2.62	0.91	3	430	16.54	9.21
14	Assess patient and family knowledge and use of prescription and over-the-counter medications	430	1.94	0.23	2	430	1.57	0.58	2	430	3.75	0.48	4	430	27.73	5.06

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = little or none, 1 = moderate, 2 = severe; Frequency response options): 0 = never, 1 = seldom, 2 = occasionally, 3 = often, 4 = frequently

**Adult Nurse Practitioner Survey Order**

		Performance Expectation				N	Consequence			N	Frequency			Overall Rank		
		N	Mean	Std Dev	Median		Mean	Std Dev	Median		Mean	Std Dev	Median	N	Mean	Std Dev
15	Assess patient and family health risks based on lifestyle, health habits, substance use/abuse, and sexual practices	429	1.93	0.28	2	429	1.26	0.6	1	430	3.39	0.69	3	428	25.63	5.62
16	Assess health risks based on past medical history	430	1.9	0.31	2	430	1.2	0.61	1	430	3.57	0.59	4	430	25.11	5.86
17	Assess health risks based on socioeconomic factors	430	1.81	0.41	2	430	0.9	0.59	1	430	3.11	0.77	3	430	21.77	7.2
18	Assess genetic/familial health risks	430	1.68	0.49	2	430	0.89	0.56	1	430	2.84	0.92	3	430	19.65	8.46
19	Assess occupational health risks	430	1.72	0.49	2	430	0.84	0.57	1	430	2.68	0.94	3	430	19.92	8.24
20	Assess health risks based on immunization status	430	1.85	0.41	2	430	0.87	0.6	1	430	2.81	0.99	3	430	22.14	7.08
21	Assess interaction between the physical environment and patient health status	430	1.76	0.49	2	430	0.78	0.56	1	430	2.71	0.99	3	430	20.29	8.17
22	Assess interaction between the	430	1.56	0.58	2	429	0.6	0.6	1	430	2.33	1.03	2	429	16.39	9.21

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = little or none, 1 = moderate, 2 = severe; Frequency response options): 0 = never, 1 = seldom, 2 = occasionally, 3 = often, 4 = frequently

**Adult Nurse Practitioner Survey Order**

		Performance Expectation				N	Consequence			N	Frequency			Overall Rank		
		N	Mean	Std Dev	Median		Mean	Std Dev	Median		N	Mean	Std Dev	Median	N	Mean
23	community and patient health status Assess conditions related to the head, eyes, ears, nose, and throat	430	1.97	0.19	2	430	1.23	0.58	1	430	3.3	0.68	3	430	26.11	4.16
24	Assess conditions related to the respiratory system	430	1.98	0.14	2	430	1.59	0.54	2	430	3.64	0.57	4	430	28.38	3.55
25	Assess conditions related to the cardiovascular system	430	1.97	0.19	2	430	1.69	0.52	2	430	3.67	0.54	4	430	28.67	4.01
26	Assess conditions related to the gastrointestinal system	430	1.97	0.18	2	430	1.4	0.57	1	430	3.44	0.61	3	430	27.03	4.14
27	Assess conditions related to the genitourinary system	430	1.94	0.28	2	430	1.25	0.56	1	430	3.22	0.77	3	430	25.65	5.09
28	Assess conditions related to the musculoskeletal system	430	1.92	0.29	2	430	1.12	0.56	1	430	3.22	0.74	3	430	24.69	5.5
29	Assess conditions related to the neurological system	430	1.92	0.29	2	430	1.48	0.56	2	430	3.28	0.73	3	430	26.48	5.49

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = little or none, 1 = moderate, 2 = severe; Frequency response options): 0 = never, 1 = seldom, 2 = occasionally, 3 = often, 4 = frequently

**Adult Nurse Practitioner  
Survey Order**

		Performance Expectation				N	Consequence			N	Frequency			Overall Rank		
		N	Mean	Std Dev	Med-ian		Mean	Std Dev	Med-ian		Mean	Std Dev	Med-ian	N	Mean	Std Dev
30	Assess conditions related to the endocrine system (including metabolic disorders)	430	1.88	0.33	2	430	1.39	0.57	1	430	3.24	0.69	3	430	25.46	6.12
31	Assess conditions related to the hematopoietic system	430	1.79	0.43	2	430	1.31	0.6	1	430	2.99	0.84	3	430	23.56	7.73
32	Assess conditions related to the immune system	430	1.76	0.46	2	430	1.31	0.59	1	430	2.9	0.89	3	430	23.04	7.77
33	Assess conditions related to the integumentary system	430	1.9	0.3	2	430	1.09	0.61	1	430	3.2	0.75	3	430	24.22	5.82
34	Assess conditions related to the lymphatic system	430	1.8	0.44	2	430	1.16	0.6	1	430	2.9	0.92	3	430	22.83	7.63
35	Assess conditions related to infectious/communicable diseases	430	1.9	0.32	2	430	1.42	0.58	1	430	3.14	0.78	3	430	25.78	5.93
36	Assess conditions related to physical function and mobility	430	1.93	0.28	2	430	1.14	0.58	1	430	3.24	0.81	3	430	24.9	5.54
37	Assess conditions related to developmental delays/impairments	430	1.63	0.6	2	429	1	0.64	1	430	2.5	1.17	3	430	19.72	9.18

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = little or none, 1 = moderate, 2 = severe; Frequency response options): 0 = never, 1 = seldom, 2 = occasionally, 3 = often, 4 = frequently

**Adult Nurse Practitioner Survey Order**

		Performance Expectation				N	Consequence			N	Frequency			Overall Rank		
		N	Mean	Std Dev	Med-ian		Mean	Std Dev	Med-ian		Mean	Std Dev	Med-ian	N	Mean	Std Dev
38	Assess conditions related to learning disabilities	430	1.49	0.67	2	429	0.9	0.66	1	430	2.21	1.23	2	430	17.23	9.85
39	Assess conditions related to acute and/or chronic pain	430	1.93	0.27	2	430	1.3	0.57	1	430	3.39	0.69	3	430	25.82	5.42
40	Assess conditions related to nutrition/hydration	430	1.95	0.22	2	430	1.26	0.59	1	430	3.26	0.76	3	430	25.83	4.96
41	Assess conditions related to mental health	429	1.85	0.37	2	429	1.37	0.6	1	429	3.17	0.83	3	429	24.92	6.76
42	Assess cognitive status and decision-making capacity	430	1.81	0.43	2	430	1.27	0.6	1	430	3.12	0.9	3	430	23.73	7.82
43	Assess sexual and/or reproductive health	430	1.75	0.49	2	430	0.92	0.58	1	430	2.6	0.9	3	430	20.79	8.01
44	Perform problem-focused or interval physical examination	429	1.97	0.18	2	430	1.41	0.57	1	430	3.57	0.56	4	429	27.13	4.22
45	Perform comprehensive physical examination	430	1.92	0.29	2	430	1.34	0.58	1	430	3.13	0.75	3	430	25.6	5.45

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = little or none, 1 = moderate, 2 = severe; Frequency response options): 0 = never, 1 = seldom, 2 = occasionally, 3 = often, 4 = frequently

**Adult Nurse Practitioner Survey Order**

		Performance Expectation				N	Consequence			N	Frequency			Overall Rank		
		N	Mean	Std Dev	Median		Mean	Std Dev	Median		Mean	Std Dev	Median	N	Mean	Std Dev
46	Select and/or perform physical, psychosocial, or developmental screening tests that are appropriate to condition or needs based on clinical guidelines, risks, costs and benefits	430	1.6	0.55	2	430	1.1	0.59	1	430	2.76	1	3	430	19.71	9.26
47	Identify normal and abnormal findings in history and physical examination	430	1.95	0.21	2	430	1.68	0.5	2	430	3.8	0.44	4	430	28.49	4.22
48	Identify age-related findings in history and physical examination	430	1.84	0.38	2	430	1.07	0.58	1	430	3.43	0.64	4	430	23.41	6.76
49	Select and/or perform diagnostic tests that are appropriate to condition or needs based on clinical guidelines, risks, costs and benefits	430	1.79	0.41	2	430	1.39	0.56	1	430	3.52	0.6	4	430	24.33	7.13

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = little or none, 1 = moderate, 2 = severe; Frequency response options): 0 = never, 1 = seldom, 2 = occasionally, 3 = often, 4 = frequently

**Adult Nurse Practitioner Survey Order**

		Performance Expectation				N	Consequence			N	Frequency			Overall Rank		
		N	Mean	Std Dev	Median		Mean	Std Dev	Median		Mean	Std Dev	Median	N	Mean	Std Dev
50	Identify any interactions among diet, medications, substance use and/or complementary/alternative therapies	430	1.73	0.45	2	430	1.43	0.56	1	430	3.34	0.7	3	428	23.51	8.01
51	Determine life-threatening illness and/or unstable conditions	430	1.9	0.31	2	430	1.88	0.37	2	430	3.43	0.84	4	430	28.29	5.26
52	Develop a comprehensive problem list based on assessment findings	430	1.82	0.41	2	429	1.13	0.58	1	430	3.48	0.65	4	430	23.44	7.13
53	Use diagnostic reasoning to establish and prioritize differential diagnoses	430	1.77	0.42	2	430	1.36	0.57	1	430	3.59	0.58	4	430	24.04	7.41
54	Interpret laboratory and other diagnostic data based on physiologic and pathologic conditions	430	1.8	0.4	2	429	1.63	0.53	2	430	3.62	0.52	4	429	25.83	6.95

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = little or none, 1 = moderate, 2 = severe; Frequency response options): 0 = never, 1 = seldom, 2 = occasionally, 3 = often, 4 = frequently

**Adult Nurse Practitioner Survey Order**

		Performance Expectation				N	Consequence			N	Frequency			Overall Rank		
		N	Mean	Std Dev	Median		Mean	Std Dev	Median		Mean	Std Dev	Median	N	Mean	Std Dev
55	Engage in consultation, referral and/or collaboration with other health professionals and community resources	430	1.83	0.37	2	430	1.2	0.58	1	430	3.17	0.66	3	430	23.65	6.93
56	Prescribe medications considering interactions, effects (therapeutic, side, adverse), patient characteristics, diagnoses, cost and/or accessibility	430	1.9	0.31	2	429	1.76	0.47	2	430	3.63	0.55	4	429	27.88	5.48
57	Prescribe medications considering absorption, distribution, metabolism and excretion	430	1.78	0.42	2	430	1.65	0.51	2	430	3.48	0.66	4	430	25.53	7.6

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = little or none, 1 = moderate, 2 = severe; Frequency response options): 0 = never, 1 = seldom, 2 = occasionally, 3 = often, 4 = frequently

**Adult Nurse Practitioner Survey Order**

		Performance Expectation				N	Consequence			N	Frequency			Overall Rank		
		N	Mean	Std Dev	Median		Mean	Std Dev	Median		Mean	Std Dev	Median	N	Mean	Std Dev
58	Prescribe non-pharmacologic interventions and/or medical equipment considering risks and benefits, patient characteristics, diagnoses, cost and/or accessibility	430	1.81	0.4	2	430	1.04	0.59	1	430	3.18	0.76	3	430	22.52	7.61
59	Prioritize interventions based on severity and complexity of health problems	430	1.79	0.41	2	430	1.34	0.6	1	430	3.55	0.6	4	430	24.16	7.43
60	Determine treatment decisions considering comorbidities	429	1.78	0.42	2	430	1.43	0.56	1	430	3.54	0.6	4	429	24.43	7.35
61	Incorporate existing support system into treatment plan	430	1.8	0.42	2	430	0.9	0.55	1	430	3.22	0.78	3	430	21.76	7.29
62	Plan follow-up care at designated intervals based on condition and/or clinical guidelines	429	1.84	0.37	2	429	1.16	0.59	1	430	3.58	0.61	4	428	24.05	6.71
63	Manage conditions related to the head, eyes, ears, nose, and throat	430	1.89	0.34	2	430	1.25	0.58	1	430	3.19	0.72	3	430	24.9	6.08

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = little or none, 1 = moderate, 2 = severe; Frequency response options): 0 = never, 1 = seldom, 2 = occasionally, 3 = often, 4 = frequently

**Adult Nurse Practitioner Survey Order**

		Performance Expectation				Consequence				Frequency			Overall Rank			
		N	Mean	Std Dev	Median	N	Mean	Std Dev	Median	N	Mean	Std Dev	Median	N	Mean	Std Dev
64	Manage conditions related to the respiratory system	430	1.91	0.31	2	430	1.61	0.54	2	430	3.41	0.65	3	430	27.19	5.47
65	Manage conditions related to the cardiovascular system	430	1.83	0.39	2	430	1.7	0.51	2	430	3.4	0.72	4	430	26.51	6.55
66	Manage conditions related to the gastrointestinal system	430	1.88	0.34	2	430	1.4	0.56	1	430	3.27	0.69	3	430	25.57	6
67	Manage conditions related to the genitourinary system	430	1.87	0.36	2	430	1.24	0.56	1	430	3.07	0.79	3	430	24.49	6.32
68	Manage conditions related to the musculoskeletal system	430	1.86	0.37	2	430	1.17	0.55	1	430	3.1	0.73	3	430	23.94	6.32
69	Manage conditions related to the neurological system	430	1.75	0.46	2	430	1.52	0.57	2	430	2.98	0.88	3	430	24	7.76
70	Manage conditions related to the endocrine system (including metabolic disorders)	430	1.8	0.42	2	430	1.4	0.57	1	430	3.07	0.75	3	430	24.1	7.15

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**Adult Nurse Practitioner Survey Order**

		Performance Expectation				N	Consequence			N	Frequency			Overall Rank		
		N	Mean	Std Dev	Med-ian		Mean	Std Dev	Med-ian		N	Mean	Std Dev	Med-ian	N	Mean
71	Manage conditions related to the hematopoietic system	430	1.68	0.52	2	430	1.34	0.6	1	430	2.79	0.93	3	430	21.9	8.44
72	Manage conditions related to the immune system	430	1.65	0.54	2	430	1.32	0.59	1	430	2.7	0.98	3	430	21.37	8.71
73	Manage conditions related to the integumentary system	430	1.84	0.39	2	430	1.1	0.6	1	430	3.03	0.85	3	430	23.21	6.94
74	Manage conditions related to the lymphatic system	430	1.66	0.53	2	430	1.24	0.59	1	430	2.7	1.03	3	430	21.06	8.74
75	Manage conditions related to infectious/communicable diseases	430	1.86	0.38	2	430	1.46	0.58	1.5	430	3.09	0.79	3	430	25.39	6.55
76	Manage conditions related to physical function and mobility	430	1.87	0.37	2	430	1.13	0.58	1	430	3.08	0.84	3	430	23.84	6.67
77	Manage conditions related to developmental delays/impairments	430	1.53	0.64	2	428	1.01	0.65	1	429	2.33	1.19	2	429	18.37	9.63
78	Manage conditions related to acute and/or chronic pain	430	1.86	0.36	2	430	1.31	0.58	1	429	3.25	0.72	3	429	24.84	6.74
79	Manage conditions related to nutrition/hydration	430	1.9	0.31	2	430	1.23	0.61	1	429	3.14	0.79	3	429	24.81	6.26

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = little or none, 1 = moderate, 2 = severe; Frequency response options): 0 = never, 1 = seldom, 2 = occasionally, 3 = often, 4 = frequently

**Adult Nurse Practitioner Survey Order**

		Performance Expectation				N	Consequence			N	Frequency			Overall Rank		
		N	Mean	Std Dev	Med-ian		Mean	Std Dev	Med-ian		Mean	Std Dev	Med-ian	N	Mean	Std Dev
80	Manage conditions related to mental health	429	1.76	0.46	2	429	1.36	0.6	1	428	3	0.92	3	428	23.33	7.8
81	Manage conditions affecting sexual and reproductive health	430	1.54	0.56	2	430	1.03	0.58	1	430	2.38	0.95	2	430	18.11	9.15
82	Manage comorbidities	430	1.7	0.48	2	430	1.44	0.55	1	430	3.29	0.69	3	430	22.97	8.11
83	Manage psychosocial concerns	430	1.76	0.46	2	429	1.1	0.53	1	430	3	0.78	3	429	21.93	7.65
84	Formulate plan of care that consider the pathophysiology of acute and chronic conditions	430	1.76	0.44	2	430	1.38	0.54	1	430	3.4	0.68	3	430	23.66	7.62
85	Formulate plan of care that incorporate principles of epidemiology	430	1.47	0.6	2	429	0.93	0.65	1	430	2.57	1.06	3	430	16.93	9.7
86	Select interventions based on clinical practice standards, evidence-based guidelines, and ethical/legal principles	430	1.85	0.35	2	430	1.4	0.56	1	430	3.6	0.63	4	430	25.41	6.92

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**Adult Nurse Practitioner Survey Order**

		Performance Expectation				N	Consequence			N	Frequency			Overall Rank		
		N	Mean	Std Dev	Med-ian		Mean	Std Dev	Med-ian		Mean	Std Dev	Med-ian	N	Mean	Std Dev
87	Treat acute and/or chronic conditions using current technological interventions	430	1.78	0.43	2	430	1.31	0.55	1	430	3.31	0.75	3	430	23.62	7.42
88	Immunize based on current recommendations	430	1.91	0.34	2	430	1.13	0.62	1	430	3.19	0.9	3	430	24.71	6.02
89	Recommend complementary and/or alternative therapies	430	1.49	0.56	2	429	0.59	0.6	1	430	2.31	0.89	2	429	14.97	8.92
90	Make referrals to support services and resources to reduce caregiver stress	430	1.73	0.48	2	429	0.9	0.6	1	430	2.6	0.94	3	430	20.18	7.99
91	Activate protective services in cases of suspected abuse and neglect	430	1.87	0.4	2	429	1.69	0.53	2	430	2.55	1.29	2	429	26.26	6.82
92	Coordinate care (including multiple specialty follow-up and treatment plans) for patients with complex conditions	430	1.54	0.56	2	430	1.34	0.58	1	430	2.84	0.97	3	430	20.01	9.06
93	Evaluate patient progress in health promotion/disease prevention activities	430	1.82	0.4	2	430	0.98	0.56	1	430	3.13	0.75	3	430	22.42	6.96

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = little or none, 1 = moderate, 2 = severe; Frequency response options): 0 = never, 1 = seldom, 2 = occasionally, 3 = often, 4 = frequently

**Adult Nurse Practitioner Survey Order**

		Performance Expectation				N	Consequence			N	Frequency			Overall Rank		
		N	Mean	Std Dev	Median		Mean	Std Dev	Median		Mean	Std Dev	Median	N	Mean	Std Dev
94	Evaluate diagnostic findings and modify treatment plans accordingly	430	1.83	0.38	2	429	1.41	0.57	1	430	3.5	0.62	4	429	24.99	6.83
95	Evaluate effectiveness of pharmacologic regimen, considering polypharmacy, and modify treatment plan as appropriate	430	1.84	0.38	2	430	1.56	0.52	2	430	3.57	0.57	4	430	25.94	6.48
96	Evaluate effectiveness of nonpharmacologic interventions and modify treatment plan as appropriate	429	1.85	0.37	2	429	1.07	0.59	1	429	3.23	0.75	3	429	23.31	6.94
97	Evaluate adherence to treatment plan and modify as appropriate	430	1.89	0.32	2	430	1.22	0.58	1	430	3.5	0.63	4	430	25.03	5.91
98	Evaluate the impact of diagnosis and treatment on patient and family	430	1.8	0.4	2	430	1.01	0.58	1	430	3.21	0.76	3	430	22.33	7.25
99	Formulate plan of care based on emerging trends in health care	430	1.61	0.5	2	430	0.88	0.57	1	430	3.07	0.81	3	430	18.67	8.69

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = little or none, 1 = moderate, 2 = severe; Frequency response options): 0 = never, 1 = seldom, 2 = occasionally, 3 = often, 4 = frequently

**Adult Nurse Practitioner Survey Order**

		Performance Expectation				N	Consequence			N	Frequency			Overall Rank		
		N	Mean	Std Dev	Median		Mean	Std Dev	Median		Mean	Std Dev	Median	N	Mean	Std Dev
100	Provide palliative care interventions	430	1.49	0.6	2	428	1.14	0.63	1	430	2.32	1.1	2	430	17.96	9.36
101	Collaborate with patient and family to determine plan of care including health care goals	430	1.82	0.4	2	430	1.02	0.58	1	429	3.08	0.88	3	429	22.51	7.36
102	Provide non-biased counseling to obtain informed consent/assent	430	1.81	0.41	2	430	1.27	0.66	1	430	3.02	1.01	3	430	23.67	7.68
103	Provide non-biased counseling regarding advance directives	430	1.7	0.53	2	430	1.09	0.71	1	430	2.68	1.16	3	430	21.08	8.77
104	Provide for patient safety within scope of legal and professional guidelines	430	1.94	0.26	2	429	1.52	0.64	2	430	3.59	0.77	4	429	27.31	5.7
105	Provide transitional care and information exchange between inpatient, outpatient, and community care settings	430	1.61	0.57	2	429	1.06	0.61	1	430	2.61	1.03	3	430	19.52	9.19

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = little or none, 1 = moderate, 2 = severe; Frequency response options): 0 = never, 1 = seldom, 2 = occasionally, 3 = often, 4 = frequently

**Adult Nurse Practitioner Survey Order**

		Performance Expectation				N	Consequence			N	Frequency			Overall Rank		
		N	Mean	Std Dev	Median		Mean	Std Dev	Median		Mean	Std Dev	Median	N	Mean	Std Dev
106	Perform primary care procedures including but not limited to suturing, minor lesion removal, microscopy, pap test	430	1.44	0.58	1	429	1.24	0.61	1	430	2.39	0.97	2	430	17.76	8.92
107	Document assessment and physical findings	430	1.98	0.13	2	430	1.53	0.59	2	430	3.93	0.28	4	430	28.33	3.63
108	Document diagnoses and plan of care	429	1.97	0.16	2	430	1.48	0.58	2	430	3.91	0.32	4	429	27.94	4
109	Negotiate care considering patient's/proxy's right to choose/refuse treatment options	430	1.78	0.46	2	430	1.28	0.62	1	430	3.14	1	3	430	23.54	7.9
110	Incorporate patient/family culture, values, health beliefs and behaviors into clinical practice	430	1.81	0.41	2	430	1.05	0.57	1	430	3.29	0.84	3.5	430	22.86	7.13
111	Maintain patient confidentiality according to current guidelines (e.g., HIPAA)	430	2	0.05	2	430	1.62	0.59	2	430	3.96	0.2	4	430	29.01	3.13

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = little or none, 1 = moderate, 2 = severe; Frequency response options): 0 = never, 1 = seldom, 2 = occasionally, 3 = often, 4 = frequently

**Adult Nurse Practitioner Survey Order**

		Performance Expectation				N	Consequence			N	Frequency			Overall Rank		
		N	Mean	Std Dev	Median		Mean	Std Dev	Median		N	Mean	Std Dev	Median	N	Mean
112	Identify and refer patient conditions beyond the individual NP's clinical expertise	430	1.97	0.22	2	430	1.76	0.48	2	430	3.55	0.81	4	430	28.85	4.32
113	Identify and refer patient conditions beyond the individual NP's legal scope of practice	430	1.94	0.28	2	430	1.73	0.5	2	430	3.5	0.89	4	430	28.31	5.16
114	Engage in continuous quality improvement activities	430	1.66	0.49	2	430	0.85	0.65	1	430	3.04	0.89	3	430	19.19	9.31
115	Advocate to improve patient access to quality, cost-effective health care	430	1.59	0.53	2	430	0.85	0.65	1	430	2.92	0.99	3	430	18.21	9.34
116	Participate in clinical and/or evaluation research	430	1.19	0.55	1	430	0.47	0.59	0	430	1.98	0.96	2	430	10.13	8.3
117	Participate in personal professional development activities	430	1.73	0.46	2	430	0.85	0.64	1	430	3	0.78	3	430	20.21	8.24

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = little or none, 1 = moderate, 2 = severe; Frequency response options): 0 = never, 1 = seldom, 2 = occasionally, 3 = often, 4 = frequently

**Adult Nurse Practitioner Survey Order**

		Performance Expectation				N	Consequence			N	Frequency			Overall Rank		
		N	Mean	Std Dev	Median		Mean	Std Dev	Median		Mean	Std Dev	Median	N	Mean	Std Dev
118	Evaluate the impact of regulations and legislation on advanced nursing practice and advocate for changes when appropriate	430	1.41	0.54	1	430	0.74	0.66	1	430	2.53	0.99	2	430	14.77	9.56
119	Incorporate current evidence-based findings into clinical practice	430	1.84	0.37	2	430	1.16	0.59	1	430	3.51	0.64	4	430	23.95	7.21
120	Incorporate informatics into clinical practice	430	1.61	0.56	2	430	0.68	0.63	1	430	2.85	0.99	3	430	17.93	9.39
121	Address legal/ethical dilemmas in clinical practice	430	1.76	0.44	2	430	1.17	0.67	1	430	2.79	0.99	3	430	22.07	8.4
122	Document in accordance with current regulatory processes and payer systems	430	1.92	0.3	2	430	1.24	0.74	1	430	3.82	0.51	4	430	25.86	6.21

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = little or none, 1 = moderate, 2 = severe; Frequency response options): 0 = never, 1 = seldom, 2 = occasionally, 3 = often, 4 = frequently

**Adult Nurse Practitioner Survey Order**

		Performance Expectation				N	Consequence			N	Frequency			Overall Rank		
		N	Mean	Std Dev	Median		Mean	Std Dev	Median		Mean	Std Dev	Median	N	Mean	Std Dev
123	Develop comprehensive education plans for patients and/or families that consider health literacy and learning barriers and facilitators	430	1.5	0.58	2	429	0.98	0.6	1	430	2.64	1.07	3	429	17.59	9.45
124	Educate patient and/or family regarding plan of care including testing, diagnosis, treatments and/or implications	430	1.92	0.27	2	430	1.25	0.58	1	430	3.59	0.58	4	430	25.67	5.29
125	Provide anticipatory guidance for patient and/or family	430	1.75	0.45	2	429	0.96	0.55	1	430	3.12	0.79	3	430	21.29	7.58
126	Counsel patient and/or family through grief, dying, and death	430	1.54	0.56	2	430	1.11	0.63	1	430	2.33	1.06	2	430	18.4	8.84
127	Provide community/group education	430	1.22	0.56	1	429	0.47	0.58	0	430	1.85	0.91	2	430	10.36	8.38
128	Provide educational offerings to health care professionals	430	1.1	0.48	1	430	0.43	0.6	0	430	1.82	0.93	2	430	8.46	7.27

Performance expectation response options: 0 = never, 1 = after first 6 months, 2 = within the first 6 months; Consequences response option: 0 = little or none, 1 = moderate, 2 = severe; Frequency response options): 0 = never, 1 = seldom, 2 = occasionally, 3 = often, 4 = frequently

**Appendix D**  
**Work Activities Mean Overall Criticality – Rank Order**

Work Activity No. and Statement	Mean Overall Criticality		
	N	Mean	Std Dev
111 Maintain patient confidentiality according to current guidelines ( e.g., HIPAA)	430	29.01	3.13
112 Identify and refer patient conditions beyond the individual NP's clinical expertise	430	28.85	4.32
25 Assess conditions related to the cardiovascular system	430	28.67	4.01
47 Identify normal and abnormal findings in history and physical examination	430	28.49	4.22
24 Assess conditions related to the respiratory system	430	28.38	3.55
107 Document assessment and physical findings	430	28.33	3.63
113 Identify and refer patient conditions beyond the individual NP's legal scope of practice	430	28.31	5.16
51 Determine life-threatening illness and/or unstable conditions	430	28.29	5.26
3 Collect data according to the patient's immediate condition or needs	428	27.94	3.77
108 Document diagnoses and plan of care	429	27.94	4
56 Prescribe medications considering interactions, effects (therapeutic, side, adverse), patient characteristics, diagnoses, cost and/or accessibility	429	27.88	5.48
14 Assess patient and family knowledge and use of prescription and over-the-counter medications	430	27.73	5.06
104 Provide for patient safety within scope of legal and professional guidelines	429	27.31	5.7
64 Manage conditions related to the respiratory system	430	27.19	5.47
44 Perform problem-focused or interval physical examination	429	27.13	4.22
26 Assess conditions related to the gastrointestinal system	430	27.03	4.14
2 Obtain a problem-focused or interval history	429	26.79	3.68
65 Manage conditions related to the cardiovascular system	430	26.51	6.55
29 Assess conditions related to the neurological system	430	26.48	5.49
8 Assess patient and family risk for violence, abuse, and neglect	430	26.43	6.16
91 Activate protective services in cases of suspected abuse and neglect	429	26.26	6.82
23 Assess conditions related to the head, eyes, ears,	430	26.11	4.16

Work Activity No. and Statement	Mean Overall Criticality		
	N	Mean	Std Dev
nose, and throat			
95 Evaluate effectiveness of pharmacologic regimen, considering polypharmacy, and modify treatment plan as appropriate	430	25.94	6.48
1 Obtain a comprehensive patient history	430	25.92	3.89
122 Document in accordance with current regulatory processes and payer systems	430	25.86	6.21
40 Assess conditions related to nutrition/hydration	430	25.83	4.96
54 Interpret laboratory and other diagnostic data based on physiologic and pathologic conditions	429	25.83	6.95
39 Assess conditions related to acute and/or chronic pain	430	25.82	5.42
35 Assess conditions related to infectious/communicable diseases	430	25.78	5.93
5 Assess family communication and decision-making	429	25.67	5.43
124 Educate patient and/or family regarding plan of care including testing, diagnosis, treatments and/or implications	430	25.67	5.29
27 Assess conditions related to the genitourinary system	430	25.65	5.09
15 Assess patient and family health risks based on lifestyle, health habits, substance use/abuse, and sexual practices	428	25.63	5.62
45 Perform comprehensive physical examination	430	25.6	5.45
66 Manage conditions related to the gastrointestinal system	430	25.57	6
57 Prescribe medications considering absorption, distribution, metabolism and excretion	430	25.53	7.6
30 Assess conditions related to the endocrine system (including metabolic disorders)	430	25.46	6.12
86 Select interventions based on clinical practice standards, evidence-based guidelines, and ethical/legal principles	430	25.41	6.92
75 Manage conditions related to infectious/communicable diseases	430	25.39	6.55
16 Assess health risks based on past medical history	430	25.11	5.86
97 Evaluate adherence to treatment plan and modify as appropriate	430	25.03	5.91
94 Evaluate diagnostic findings and modify treatment plans accordingly	429	24.99	6.83
41 Assess conditions related to mental health	429	24.92	6.76

Work Activity No. and Statement	Mean Overall Criticality		
	N	Mean	Std Dev
36 Assess conditions related to physical function and mobility	430	24.9	5.54
63 Manage conditions related to the head, eyes, ears, nose, and throat	430	24.9	6.08
78 Manage conditions related to acute and/or chronic pain	429	24.84	6.74
79 Manage conditions related to nutrition/hydration	429	24.81	6.26
88 Immunize based on current recommendations	430	24.71	6.02
28 Assess conditions related to the musculoskeletal system	430	24.69	5.5
67 Manage conditions related to the genitourinary system	430	24.49	6.32
60 Determine treatment decisions considering comorbidities	429	24.43	7.35
49 Select and/or perform diagnostic tests that are appropriate to condition or needs based on clinical guidelines, risks, costs and benefits	430	24.33	7.13
33 Assess conditions related to the integumentary system	430	24.22	5.82
59 Prioritize interventions based on severity and complexity of health problems	430	24.16	7.43
70 Manage conditions related to the endocrine system (including metabolic disorders)	430	24.1	7.15
62 Plan follow-up care at designated intervals based on condition and/or clinical guidelines	428	24.05	6.71
53 Use diagnostic reasoning to establish and prioritize differential diagnoses	430	24.04	7.41
69 Manage conditions related to the neurological system	430	24	7.76
119 Incorporate current evidence-based findings into clinical practice	430	23.95	7.21
68 Manage conditions related to the musculoskeletal system	430	23.94	6.32
4 Assess patient and family knowledge and behavior regarding nutrition/hydration	430	23.85	4.69
76 Manage conditions related to physical function and mobility	430	23.84	6.67
9 Assess patient and family unintentional injury risk	429	23.76	7.04
10 Assess patient and family psychosocial risks and needs	430	23.73	6.09
42 Assess cognitive status and decision-making capacity	430	23.73	7.82

Work Activity No. and Statement	Mean Overall Criticality		
	N	Mean	Std Dev
102 Provide non-biased counseling to obtain informed consent/assent	430	23.67	7.68
84 Formulate plan of care that consider the pathophysiology of acute and chronic conditions	430	23.66	7.62
55 Engage in consultation, referral and/or collaboration with other health professionals and community resources	430	23.65	6.93
87 Treat acute and/or chronic conditions using current technological interventions	430	23.62	7.42
31 Assess conditions related to the hematopoietic system	430	23.56	7.73
109 Negotiate care considering patient's/proxy's right to choose/refuse treatment options	430	23.54	7.9
7 Assess patient and family perception of health and health risk factors	430	23.52	5.32
50 Identify any interactions among diet, medications, substance use and/or complementary/alternative therapies	428	23.51	8.01
52 Develop a comprehensive problem list based on assessment findings	430	23.44	7.13
48 Identify age-related findings in history and physical examination	430	23.41	6.76
80 Manage conditions related to mental health	428	23.33	7.8
96 Evaluate effectiveness of nonpharmacologic interventions and modify treatment plan as appropriate	429	23.31	6.94
73 Manage conditions related to the integumentary system	430	23.21	6.94
32 Assess conditions related to the immune system	430	23.04	7.77
6 Assess patient and family support systems	430	23.03	5.62
82 Manage comorbidities	430	22.97	8.11
12 Assess patient and family health risks and needs based on developmental/life stage	429	22.93	6.11
110 Incorporate patient/family culture, values, health beliefs and behaviors into clinical practice	430	22.86	7.13
34 Assess conditions related to the lymphatic system	430	22.83	7.63
58 Prescribe non-pharmacologic interventions and/or medical equipment considering risks and benefits, patient characteristics, diagnoses, cost and/or accessibility	430	22.52	7.61
101 Collaborate with patient and family to determine plan of care including health care goals	429	22.51	7.36

Work Activity No. and Statement	Mean Overall Criticality		
	N	Mean	Std Dev
93 Evaluate patient progress in health promotion/disease prevention activities	430	22.42	6.96
98 Evaluate the impact of diagnosis and treatment on patient and family	430	22.33	7.25
20 Assess health risks based on immunization status	430	22.14	7.08
121 Address legal/ethical dilemmas in clinical practice	430	22.07	8.4
83 Manage psychosocial concerns	429	21.93	7.65
71 Manage conditions related to the hematopoietic system	430	21.9	8.44
17 Assess health risks based on socioeconomic factors	430	21.77	7.2
61 Incorporate existing support system into treatment plan	430	21.76	7.29
72 Manage conditions related to the immune system	430	21.37	8.71
125 Provide anticipatory guidance for patient and/or family	430	21.29	7.58
11 Assess patient and family cultural and spiritual beliefs/values that influence health care	430	21.13	6.98
103 Provide non-biased counseling regarding advance directives	430	21.08	8.77
74 Manage conditions related to the lymphatic system	430	21.06	8.74
43 Assess sexual and/or reproductive health	430	20.79	8.01
21 Assess interaction between the physical environment and patient health status	430	20.29	8.17
117 Participate in personal professional development activities	430	20.21	8.24
90 Make referrals to support services and resources to reduce caregiver stress	430	20.18	7.99
92 Coordinate care (including multiple specialty follow-up and treatment plans) for patients with complex conditions	430	20.01	9.06
19 Assess occupational health risks	430	19.92	8.24
37 Assess conditions related to developmental delays/impairments	430	19.72	9.18
46 Select and/or perform physical, psychosocial, or developmental screening tests that are appropriate to condition or needs based on clinical guidelines, risks, costs and benefits	430	19.71	9.26
18 Assess genetic/familial health risks	430	19.65	8.46
105 Provide transitional care and information exchange between inpatient, outpatient, and community care settings	430	19.52	9.19

Work Activity No. and Statement	Mean Overall Criticality		
	N	Mean	Std Dev
114 Engage in continuous quality improvement activities	430	19.19	9.31
99 Formulate plan of care based on emerging trends in health care	430	18.67	8.69
126 Counsel patient and/or family through grief, dying, and death	430	18.4	8.84
77 Manage conditions related to developmental delays/impairments	429	18.37	9.63
115 Advocate to improve patient access to quality, cost-effective health care	430	18.21	9.34
81 Manage conditions affecting sexual and reproductive health	430	18.11	9.15
100 Provide palliative care interventions	430	17.96	9.36
120 Incorporate informatics into clinical practice	430	17.93	9.39
106 Perform primary care procedures including but not limited to suturing, minor lesion removal, microscopy, pap test	430	17.76	8.92
123 Develop comprehensive education plans for patients and/or families that consider health literacy and learning barriers and facilitators	429	17.59	9.45
38 Assess conditions related to learning disabilities	430	17.23	9.85
85 Formulate plan of care that incorporate principles of epidemiology	430	16.93	9.7
13 Assess patient and family knowledge and use of complementary/alternative therapies	430	16.54	9.21
22 Assess interaction between the community and patient health status	429	16.39	9.21
89 Recommend complementary and/or alternative therapies	429	14.97	8.92
118 Evaluate the impact of regulations and legislation on advanced nursing practice and advocate for changes when appropriate	430	14.77	9.56
127 Provide community/group education	430	10.36	8.38
116 Participate in clinical and/or evaluation research	430	10.13	8.3
128 Provide educational offerings to health care professionals	430	8.46	7.27

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8515 Georgia Avenue  
Suite 400  
Silver Spring, MD 20910-4392  
1.800.284.2378  
301.628.5000 *tel*  
301.628.5004 *fax*

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