



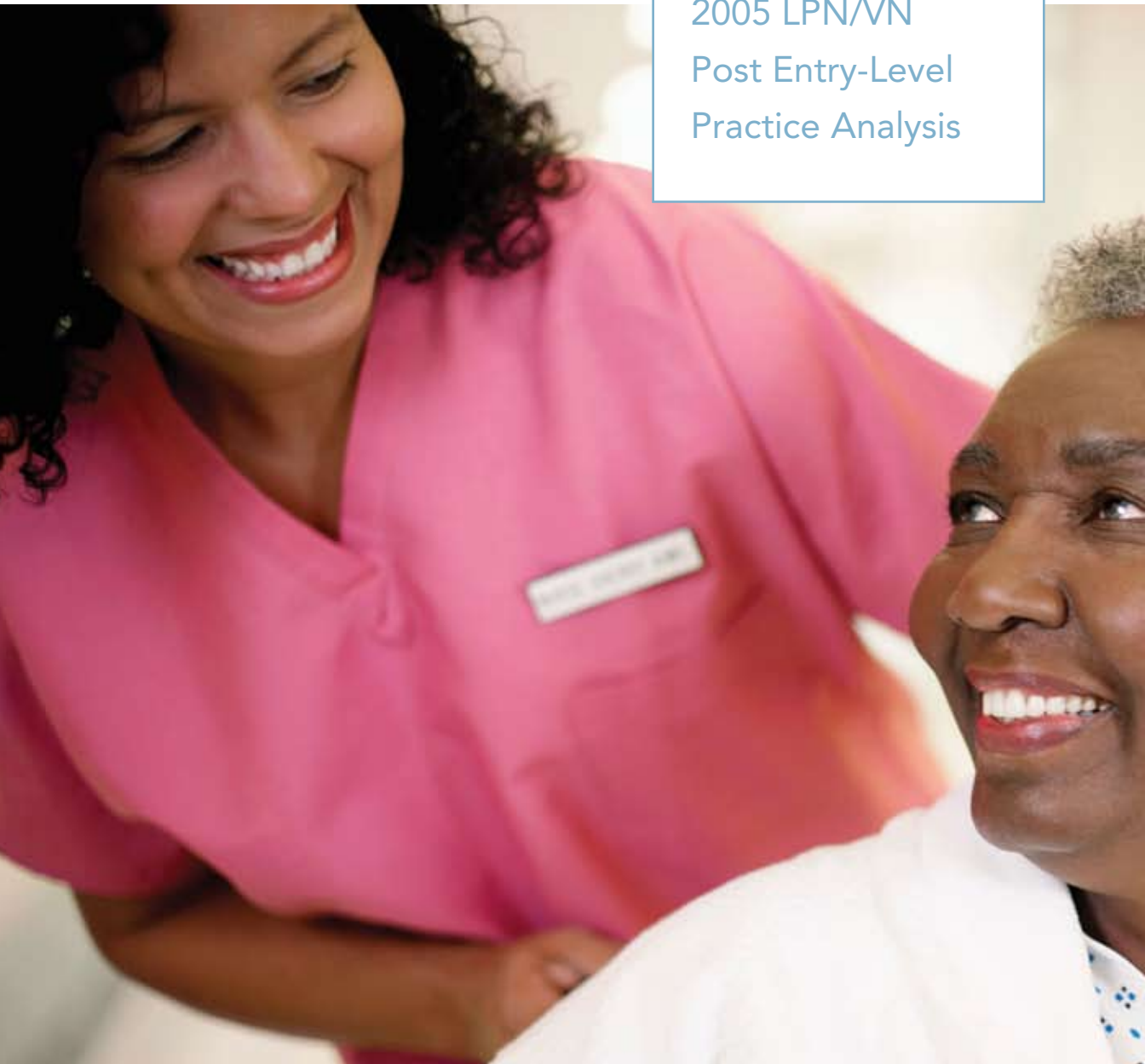
NCSBN

National Council of State Boards of Nursing

NCSBN RESEARCH BRIEF

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Report of Findings
from the
2005 LPN/VN
Post Entry-Level
Practice Analysis



Report of Findings from the

**2005 LPN/VN
Post Entry-Level
Practice Analysis**

Anne Wendt, PhD, RN, CAE

National Council of State Boards of Nursing, Inc. (NCSBN®)

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TABLE OF CONTENTS

List of Tables.....	v
List of Figures.....	vi
Executive Summary	1
I. Background of Study.....	6
II. Methodology.....	7
Preliminary Interviews.....	7
Panel of Subject Matter Experts (SMEs).....	7
Questionnaire Development.....	8
Survey Process.....	8
Sample Selection.....	8
Mailing	8
Representativeness.....	9
Confidentiality.....	9
Return Rates.....	9
Summary	9
III. Demographics, Experiences and Practice Environments of Participants.....	10
Age and Gender.....	10
Geographic Area.....	10
Ethnicity.....	10
Years of Experience as an LPN/VN.....	11
Educational Background.....	11
Continuing Education.....	13
Work Environment.....	16
Facility.....	16
Primary Specialty Practice Area.....	16
Shifts and Hours Worked	16
Client Ages.....	18
Client Types.....	18
Demographic Summary.....	18
IV. Activity Performance Characteristics	20
Overview of Methods.....	20
Validation of Findings.....	20
Reliability.....	20
Representativeness of Activity Statements.....	21
Applicability of Activity to Practice Setting.....	21
Frequency of Activity Performance.....	21
Importance of Activity Performance.....	21
Activity Performance Findings.....	22
Subgroup Analyses.....	27
Facility Subgroup Analysis.....	27
Specialty Practice Area Subgroup Analysis.....	27
Years of Experience Subgroup Analysis.....	28
Geographic Region Subgroup Analysis.....	28

Summary.....	28
Conclusion.....	28
V. References.....	29
Appendix A: External Job Analysis Methodology Experts.....	30
Appendix B: 2005 LPN/VN Continued Competence Panel of Experts.....	31
Appendix C: 2006 NCSBN Continued Competence Task Force.....	34
Appendix D: Continued Competence Activity Statements.....	36
Appendix E: LPN/VN Continued Competence Survey Forms 1 & 2.....	40
Appendix F: Announcement Postcards.....	54
Appendix G: Importance Ratings For Setting Subgroups.....	57
Appendix H: Importance Ratings For Specialty Practice Area Subgroups.....	62
Appendix I: Importance Ratings by Years of Experience Groups.....	70
Appendix J: Importance Ratings by NCSBN Geographic Area.....	75

LIST OF TABLES

Table 1. Representativeness.....	9
Table 2. Jurisdictions Included in NCSBN Areas.....	10
Table 3. Years of Experience	12
Table 4. Education and RN Enrollment.....	12
Table 5. National and Institutional Certifications Held.....	13
Table 6. Facility Average Continuing Education	13
Table 7. Area Average Continuing Education	13
Table 8. Continuing Education by Jurisdiction.....	14
Table 9. Primary Specialty Practice Area.....	16
Table 10. Facility Average Clients Per Day	18
Table 11. Response Validation.....	20
Table 12. Activity Statements Sorted by Analysis Order.....	22
Table 13. Facility Abbreviations.....	27
Table 14. Specialty Practice Area Abbreviations.....	27
Table 15. Years of Experience Categories.....	27

LIST OF FIGURES

Figure 1. NCSBN Geographic Area Representation of LPN/VNs.....	10
Figure 2. Racial/Ethnic Background.....	11
Figure 3. Years of Experience.....	11
Figure 4. Educational Background.....	12
Figure 5. Primary Facility/Organization.....	16
Figure 6. Average Hours.....	17
Figure 7. Hours Per Shift.....	17
Figure 8. Hours Per Week.....	17
Figure 9. Client Ages.....	19
Figure 10. Client Types.....	19

EXECUTIVE SUMMARY

The National Council of State Boards of Nursing (NCSBN[®]) currently assesses entry-level practice for licensed practical/vocational nurses (LPN/VNs) once every three years. In the past, NCSBN has not attempted to develop a description of post entry-level LPN/VN practice. This study was intended to describe post entry-level LPN/VN practice with the intention of determining if there are core nursing activity statements for LPN/VNs regardless of practice setting, specialty practice area and/or years of experience. If it is determined that there is a core set of nursing activities, the results can be used to develop core competencies for LPN/VNs potentially leading to a continued competence assessment.

A number of steps were necessary to complete this practice analysis. A panel of subject matter experts (SMEs) was assembled, a questionnaire was developed and piloted, a sample of LPN/VNs was selected and data were collected and analyzed.

Panel of Subject Matter Experts (SMEs)

A panel of 14 LPN/VNs was assembled to assist with the practice analysis. All panel members were LPN/VNs in current practice. The LPN/VNs represented all geographic areas of the country, all major nursing specialties, all major practice settings, a range of years of experience and two LPN/VN professional organizations.

Questionnaire Development

The practice analysis survey incorporated 159 activity statements. The survey also included questions about the nurses' practice settings, past experiences and demographics. Two forms of the survey were created to decrease the number of activity statements rated by each respondent. Both survey forms included 30 of the same activity statements. The remaining 129 activity statements were selected for placement on the two survey forms. The resulting surveys contained 94 and 95 activity statements respectively. Except for the 64 activity

statements unique to the first form and the 65 activity statements unique to the second, the two survey questionnaires were identical.

Survey Process

A sample of 20,000 LPN/VNs was selected (10,000 individuals per survey form). This sample of 20,000 was split into two subsets of 10,000 individuals that had approximately the same geographic representativeness. The sample was stratified by jurisdiction and then randomly drawn from the population of active licenses within that jurisdiction. Given this procedure and the large sample size, it was reasonable to assume that the LPN/VNs receiving a survey should be proportionally equivalent to the population with regard to employment setting, specialty practice area and other important factors.

A four-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.

In November 2005, 20,000 surveys were sent to a mailing house to be distributed to LPN/VNs in member board jurisdictions. The mailings were divided equally across the two forms of the Licensed Practical and Vocational Nurse (LPN/VN) Continued Competence Survey instrument. Because Hawaiian State Law prohibits the release of personal information of state board licensees to outside sources, 65 surveys were sent to the Hawaii Board of Nursing for distribution to LPN/VNs in Hawaii.

Prior to mailing within the continental U.S., the mailing house checked the addresses using a program that accesses the National Change of Address (NCOA) database. This program identified 85 invalid addresses, mostly due to persons moving without providing a change of address. From the 19,915 remaining mailings, an additional 490 surveys were returned due to invalid addresses. Completed surveys were returned by 4,783 respondents, for an adjusted return rate of 24.6%. The data set was then analyzed to ensure it met two quality assurance

criteria. A total of 1,061 surveys were deemed unusable because: (1) respondents indicated they were not currently employed as an LPN/VN or failed to answer the question; or (2) respondents failed to provide frequency ratings for at least 75% of the activity statements. Applying these exclusion criteria resulted in an analyzable return rate of 19.2% (3,722 respondents).

Demographics, Experiences and Practice Environments of Participants

Demographics/Past Experiences

Age and Gender

The majority of LPN/VN respondents stated they were female (96.0 %). The reported ages of LPN/VN respondents ranged from 20 to 85 years. Overall the average age of LPN/VN respondents was 47.43 years (SD 10.48 years).

Geographic Area

Respondents were asked the state or territory in which they were currently practicing. The responses were grouped by the four geographic areas of the NCSBN member boards. Area III had the largest representation with 40.1% of the responding LPN/VNs. Area I had the lowest percentage of representation at 10.9%.

Ethnicity

The majority of respondent LPN/VNs reported White Not of Hispanic Origin (76.1%) as their ethnicity while 13.8% selected African American and 4% selected Hispanic.

Years of Experience as an LPN/VN

On average LPN/VNs reported approximately 18 years of LPN/VN experience.

Educational Background

Overall, the majority of LPN/VNs indicated vocational/technical certificate as their highest level of education (71.7%). Completion of an associate degree accounted for 12.7% of the LPN/VN responses,

and 3.4% respondents indicated a baccalaureate degree as their highest level of education.

Continuing Education

LPN/VNs reported earning an average of 16 continuing education (CE) contact hours per year. On average, LPN/VNs who indicated hospitals as their primary employment facility reported the greatest yearly continuing education contact hours. Respondents from community-based/ambulatory care settings reported the lowest average.

Practice Environment

Facility

The majority of LPN/VN respondents (34.2%) reported working in long-term care. About 25.1% LPN/VNs reported working in hospitals, 24.0% in community-based/ambulatory care and 7.6% reported working in home health care.

Primary Specialty Practice Area

The majority of LPN/VN respondents (31.2%) indicated nursing home, skilled or intermediate care as their primary specialty practice area. About 13.0% of LPN/VNs indicated physician's office/advanced practice registered nurse (APRN)/dentist's office and 10.7% indicated medical/surgical unit or any of its sub specialties as their primary specialty practice area.

Shifts and Hours Worked

On average, respondents reported working approximately 38 hours per week as LPN/VNs while approximately 20% of respondents reported working over 40 hours per week. On average, LPN/VNs reported working approximately 10 hours per day/shift. A majority of respondents (54.3%) indicated a typical shift was 6 to 8 hours while the majority of LPN/VNs (64.5%) reported working 31 to 40 hours a week.

Client Ages

LPN/VNs were asked to select from a list all of the age groups for the clients for whom they provided care. LPN/VNs indicated that they were most likely

to care for clients aged 65 to 85 years (69.1%), clients aged 31 to 64 years (53.4%); and clients over the age of 85 (41%).

Client Types

LPN/VNs were asked to identify all of the types of health conditions of the clients for whom they provided care. LPN/VNs reported that most of clients for whom they provided care could be described as clients with stabilized chronic conditions (57.6%), acute conditions (46.1%), clients with behavioral/emotional conditions (41.6%) and clients with unstabilized chronic disorders (41.3%).

Activity Performance Characteristics

Representativeness of Activity Statements

The participants were asked whether the activities on their questionnaire form represented the activities that they actually performed in their positions. A majority of respondents indicated that the activities were representative of their current practice.

Applicability of Activities to Practice Setting

Respondents indicated an activity was not applicable to his or her work setting by marking the “Never Performed in Work Setting” response. The activities ranged from 0.97% not performed (almost all of the respondents reported that the activity was performed within their work settings) to 95.81% (nearly all of the respondents reported the activity was not performed within their work setting).

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 a typical day/shift that they worked using a five-point scale: “0 Typically Performed Less than 1 Time in Work Setting” to “4 Times or More.” Average total group frequencies ranged from 0.85, or approximately 1 time per typical shift, to 3.74, or approximately “4 Times or More” per typical shift.

Importance of Activity Performance

Respondents were asked to rank the importance of performing each nursing activity for the continued competence of LPN/VN practice. Importance ratings were recorded using a four-point scale: “1 Not Important” to “4 Extremely Important.” Average total group importance ratings ranged from 2.41 to 3.90.

Conclusion

A nonexperimental, descriptive study was conducted to explore the importance and frequency of activities performed by post entry-level LPN/VNs and more than 3,700 LPN/VNs responded. Findings indicate that the activities that LPN/VNs perform are similar regardless of facility, nursing specialty practice area, years of experience and/or geographic region. Information from this study can be used to determine if there is a core set of LPN/VN activities that can be used to determine core competencies.

Report of Findings from the

**2005 LPN/VN
Post Entry-Level
Practice Analysis**

National Council of State Boards of Nursing, Inc. (NCSBN®)

BACKGROUND OF STUDY

The National Council of State Boards of Nursing (NCSBN[®]) currently assesses entry-level practice for licensed practical/vocational nurses (LPN/VNs) once every three years. In the past, NCSBN has not attempted to develop a description of post entry-level LPN/VN practice. This study is intended to describe post entry-level LPN/VN practice with the intention of determining if there is a core set of nursing activities for all LPN/VNs regardless of practice setting, specialty practice area, years of experience and/or geographic location. If it is determined that there is a core set of nursing activities, the results can be used to develop core competencies for LPN/VNs potentially leading to a continued competence assessment.

In order to ensure that the results of a practice analysis are valid, a number of steps must be taken and standards met. According to professional standards, a practice analysis should address the importance and frequency with which [nursing] activities are performed.

The *Joint Standards for Educational and Psychological Testing* (AERA, APA and NCME, 1999) state:

Standard 14.10

When evidence of validity on test content is presented, the rationale for defining and describing a specific job content domain in a particular way (e.g., tasks, knowledge, skills, abilities or other personal characteristics) should be stated clearly.

Standard 14.14

The content domain to be covered by a credentialing test should be defined clearly and justified in terms of importance of the content for the credential-worthy performance in an occupation or profession. A rationale should be provided to support a claim that the knowledge or skills being assessed are required for credential-worthy performance in an occupation and are consistent with the purpose for which the licensing or certification program was instituted.

Indeed, it has been stated that a practice analysis should address those competencies that are needed by the professional to practice safely and effectively in order to protect the public (CLEAR, 2004).

As shown in the next section, NCSBN's methodology met and exceeded these industry standards. In order to ensure that the methodology that was used for the *2005 LPN/VN Post Entry-Level Practice Analysis* met and/or exceeded the standards, an External Job Analysis Panel of Methodology Experts reviewed and approved the general methodology. See *Appendix A for the list of External Job Analysis Methodology Experts and their credentials.*

METHODOLOGY

A number of steps are necessary to perform an analysis of post entry-level LPN/VN practice. This section provides a description of the methodology used to conduct the *2005 LPN/VN Post Entry-Level Practice Analysis* study. Descriptions of the Panel of Subject Matter Experts (SMEs), processes used to develop a comprehensive list of activity statements, questionnaire development, sample selection and data collection procedures are provided, as well as information about assurance of confidentiality, response rates and the degree to which participants were representative of the population of LPN/VNs.

Preliminary Interviews

Two LPN/VN professional organizations, National Federation of Licensed Practical Nurses (NFLPN) and National Association of Practical Nurse Education and Service (NAPNES), were asked to recommend LPN/VN nurse leaders so that telephone interviews could be conducted. Four LPN/VN leaders volunteered to be interviewed regarding their opinions on important LPN/VN competencies and activities for LPN/VNs now and in the future. The nurse leaders were interviewed in July 2005. After the leaders' identifying information was removed to provide anonymity, the transcriptions of the phone interviews were made available as source documents for the SMEs to consider when developing the activity statements. The four organizational leaders had an average of 33 years of experience. Two were male and two were female. They had a wide range of experiences working with or were LPN/VNs themselves. This method was included in order to provide the SMEs with possible trends in LPN/VN practice that may arise in the near future.

Panel of Subject Matter Experts (SMEs)

A panel of 14 LPN/VNs was assembled to assist with the post entry-level practice analysis. All panel members were LPN/VNs in current practice. The LPN/VNs represented all geographic areas of the

country, all major nursing specialties, all major practice settings, a range of years of experience and two LPN/VN professional organizations. See *Appendix B* for a listing of panel members and their areas of expertise.

The SME panel performed several functions crucial to the success of the practice analysis study. Each panel member requested that three of their LPN/VN colleagues complete a log of their daily activities for one shift. The panelists also submitted job descriptions, orientation manuals and performance evaluations from their setting/specialty practice area. Thus the SME panel reviewed: the summaries of nursing activities from the activity logs completed by LPN/VNs; job descriptions; job orientations; performance evaluation documents; and nursing activity statements from previous entry-level nursing practice analyses. In addition to their own expert knowledge, the panel had the results of a literature review and the transcriptions of telephone interviews with various LPN/VN leaders to use as sources for LPN/VN nursing activity statements.

The SME panel reviewed and revised a structure that could be used to categorize the activity statements. The panel took care to ensure that the category structure was clear, logical and understandable. Once the category structure was reviewed, the panel members worked to create a list of nursing activities performed within each category.

After receiving a comprehensive orientation to developing the activity statements and the content category structure, the panel reviewed each activity for applicability to the delivery of safe care to members of the public and the scope of LPN/VN practice.

Care was taken to create the nursing activities at approximately the same level of conceptual specificity, to avoid redundancy within and between categories and to ensure that the activity statements were clear, understandable and observable.

In addition, the SME panel took care to develop a comprehensive list of LPN/VN activities in order to

reduce any possible bias that could have been introduced by restricting the range of LPN/VN activities while trying to ensure that the number of activities would not be overwhelming for the respondents.

In order to ensure the coherence of the instrument, the SME panel pilot-tested the survey instrument. The SME panel also reviewed the demographic questionnaire, rating instructions and scale. The survey instrument was revised based on feedback from the pilot study by the panel.

Following approval of the survey instrument, the SME panel provided frequency and importance ratings on the final list of nursing activity statements in order to assist in establishing the validity of the instrument.

Questionnaire Development

A number of processes were used to create, evaluate and refine the survey instrument used for the 2005 LPN/VN Post Entry-Level Practice Analysis study. The activity statements created by the SME panel were reviewed and approved by the 2005 NCSBN Continued Competence Task Force (Appendix C). The resulting 159 activity statements were incorporated into a survey format (Appendix D).

The activity statements were incorporated into a practice analysis survey instrument that had been reviewed and approved by the SME panel and NCSBN's Continued Competence Task Force. The survey included questions about the nurse's practice setting, past experiences and demographics.

Two forms of the survey were created to decrease the number of activity statements contained on each form and to increase the likelihood that the participants would complete the survey. Both survey forms included 30 of the same activity statements, while the remaining 129 activity statements were selected for placement on the two survey forms. See *Appendix D for a list of the activity statements and placement on forms.*

The survey contained four sections. Section 1 contained demographic questions including the average number of continuing education (CE) con-

tact hours that the respondents earned each year regardless of whether or not their jurisdiction required them. Section 2 sought information about the participants' work environment. Section 3 asked about their performance of nursing activities with space to write in any activities not mentioned in the survey. In Section 3 the participants were asked if the activity is performed in their work setting on a typical day using a scale of "0 Typically Performed Less Than 1 Time in Work Setting" to "4 Times or More" per day. The scale also included an "N Never Performed in Work Setting" rating. Those participants who provided a 0-4 rating for frequency were asked to provide an importance rating using a scale of "1 Not Important," "2 Somewhat Important," "3 Important" and "4 Extremely Important." Section 4 asked for additional comments and contact information for recognition of participation and awards. See *Appendix E for copies of Survey Form 1 and Form 2.*

Survey Process

Sample Selection

A sample of 20,000 LPN/VNs was selected (10,000 individuals per survey form). This sample was split into two subsets of 10,000 individuals that had approximately the same geographic representativeness. The sample was stratified by jurisdiction and then randomly drawn from the population of active licenses within that jurisdiction. Given this procedure and the large sample size, it was reasonable to assume that the LPN/VNs receiving a survey should be proportionally equivalent to the population with regard to employment setting, specialty practice area and other important factors.

Mailing

Prior to the mailing of the survey, an announcement postcard was mailed to the identified sample of LPN/VNs advising them to expect an important survey in a few days. This postcard was followed by the first class mailing of the survey, which included a cover letter that described the scope and purpose of the study. A week later a reminder postcard was

sent, followed by a second reminder postcard sent two weeks later. A second survey was sent to any participant who requested one. See *Appendix F for copies of the announcement postcard, cover letter and reminder postcards.*

Representativeness

The sample selected for this study was proportionally equivalent to the population from which the sample was drawn, as shown in Table 1.

Table 1. Representativeness

NCSBN Area	Population	Sample	Survey
I	14.1	14.1	10.9
II	24.2	24.2	28.9
III	38.4	38.5	40.1
IV	23.3	23.2	20.1

As can be seen from Table 1, there were slightly more respondents from Area II and III with a concomitant decrease in respondents from Area I and IV. These results are consistent with the findings from the U.S. Department of Health and Human Services (HRSA, 2004).

Confidentiality

All potential participants were promised confidentiality with regard to their participation and their responses. Preassigned code numbers were used to facilitate cost-effective follow-up mailings. The files that contained mailing information were kept separate from the data files. The study protocol was reviewed and approved by NCSBN's executive director for compliance with organizational guidelines for research studies involving human subjects.

Return Rates

In November 2005, 20,000 surveys were sent to a mailing house to be distributed to LPN/VNs in member board jurisdictions. The mailings were divided equally across the two forms of the LPN/VN Continued Competence Survey instrument. Because Hawaiian State Law prohibits the release of personal information of state board licensees to outside sources, 65 surveys were sent to the Hawaii

Board of Nursing for distribution to LPN/VNs in Hawaii. Prior to mailing inside the continental U.S., the mailing house checked the addresses using a program that accesses the National Change of Address (NCOA) database. This program identified 85 invalid addresses, mostly due to persons moving without providing a change of address. From the 19,915 remaining mailings, an additional 490 surveys were returned due to incorrect addresses. Surveys were returned by 4,783 respondents for an adjusted return rate of 24.6%. The data set was then analyzed to ensure it met two quality assurance criteria. A total of 1,061 surveys were deemed unusable because either the respondents indicated they were not currently employed as an LPN/VN or failed to answer the question or respondents failed to provide frequency ratings for at least 75% of the activity statements. Applying these exclusion criteria resulted in an analyzable return rate of 19.2%. Given the large number of respondents (3,722), there should be only a "small" amount of measurement error (Guilford, 1956).

Summary

An LPN/VN Panel of SMEs with varied backgrounds in practice setting, specialty practice area and years of experience in practice met and created a list of LPN/VN nursing activities. A total of 20,000 LPN/VNs were selected at random from among a list of practicing LPN/VNs. An instrument and data collection methodology was developed to gather the respondent information. A response rate of 24.7% was obtained with a 19.2% analyzable response rate. This practice analysis contains the responses of 3,722 LPN/VNs.

DEMOGRAPHICS, EXPERIENCES AND PRACTICE ENVIRONMENTS OF PARTICIPANTS

Demographic information about the LPN/VN respondents including age, gender, racial/ethnic backgrounds, years of LPN/VN experience and educational background are presented followed by a description of the LPN/VN respondents' work environment including facility, specialty practice area, typical shifts and client characteristics.

Age and Gender

A total of 3,722 LPN/VNs responded to the survey. The majority of respondent LPN/VNs stated they were female (96.0%). The reported ages of respondent LPN/VNs ranged from 20 to 85 years. Overall the average age of respondent LPN/VNs was 47.43 years (SD 10.48 years). Age was similar across practice settings and specialty practice areas.

Geographic Area

Respondents were asked the state or territory in which they were currently practicing. The responses were grouped by the four geographic areas of NCSBN's member boards shown in Figure 1. Area III had the largest representation with 40.1% of the responding LPN/VNs. Area I had the lowest percentage of representation at 10.9%. Nineteen respondents did not answer this survey question. Table 2 contains the states and territories that comprised the four NCSBN geographic areas.

Ethnicity

The majority of respondent LPN/VNs reported White Not of Hispanic Origin (76.1%) as their ethnicity while 13.8% selected African American and 4.0% selected Hispanic. There were 27 respondents who did not answer this question. See Figure 2.

Figure 1. NCSBN Geographic Area Representation of LPN/VNs

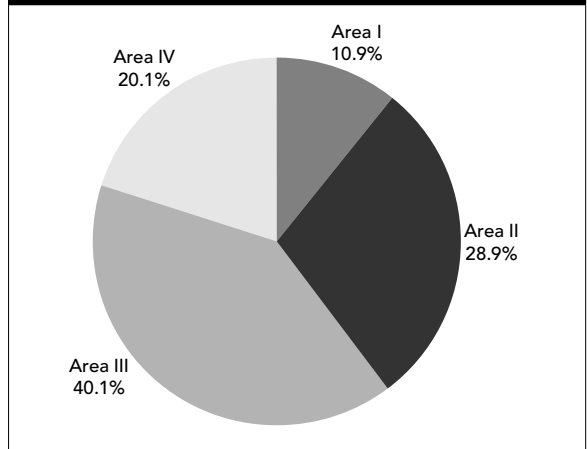


Table 2. Jurisdictions Included in NCSBN Areas

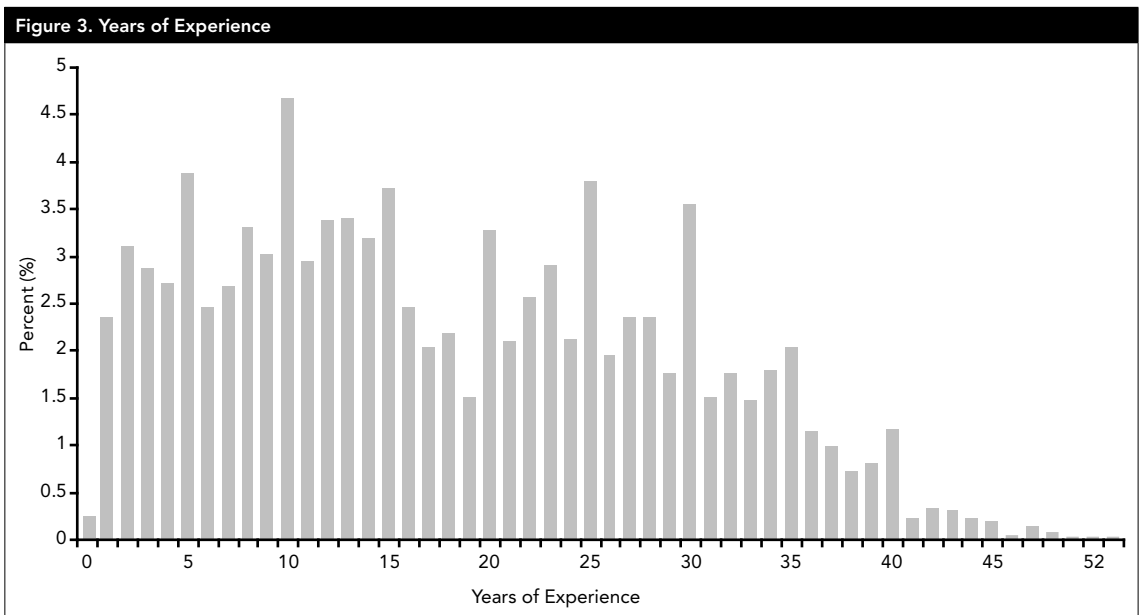
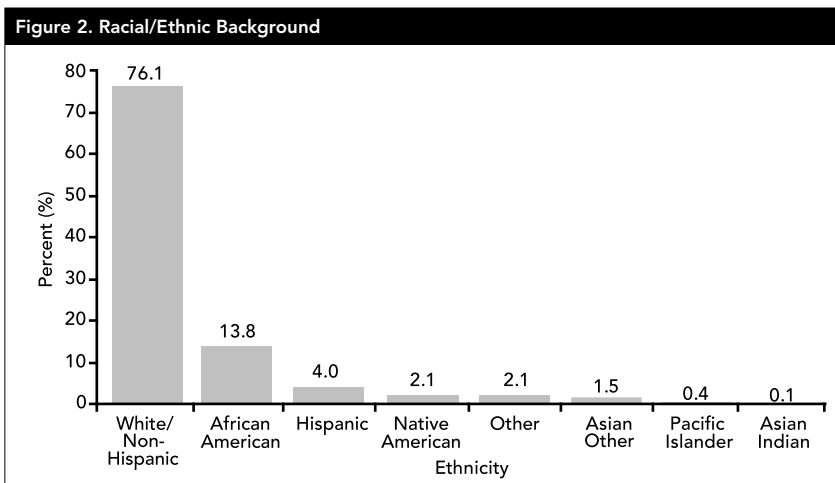
Area I	Area II	Area III	Area IV
Alaska	Illinois	Alabama	Connecticut
American Samoa	Indiana	Arkansas	Delaware
Arizona	Iowa	Florida	Dist. of Columbia
California	Kansas	Georgia	Maine
Colorado	Michigan	Kentucky	Maryland
Guam	Minnesota	Louisiana	Massachusetts
Hawaii	Missouri	Mississippi	New Hampshire
Idaho	Nebraska	North Carolina	New Jersey
Montana	North Dakota	Oklahoma	New York
Nevada	Ohio	South Carolina	Pennsylvania
New Mexico	South Dakota	Tennessee	Puerto Rico
Northern Mariana Islands	West Virginia	Texas	Rhode Island
Oregon	Wisconsin	Virginia	Vermont
Utah			Virgin Islands
Washington			
Wyoming			

Years of Experience as an LPN/VN

On average, LPN/VNs reported approximately 18 years of LPN/VN experience. Of the respondent LPN/VNs, 2.6% had one year of experience or less, 12.6% had two to five years of experience, 16.1% had six to 10 years of experience, 16.6% had 11 to 15 years of experience, 11.5% had 16 to 20 years of experience, 13.5% had 21 to 25 years of experience and 27.0% had more than 25 years of experience. See Figure 3. Table 3 outlines how years of experience were grouped for data analysis.

Educational Background

Overall, LPN/VNs indicated vocational/technical certification as their highest level of education (71.7%). Completion of an associate degree accounted for 12.7% of the LPN/VN responses and 3.4% indicated a baccalaureate degree as their highest level of education. See Figure 4. Approximately 14.1% of the LPN/VN respondents reported current enrollment in RN education programs. As seen in Table 4, the largest percentage (17.9%) of enrollees in RN education programs was from respondents with associate degrees.



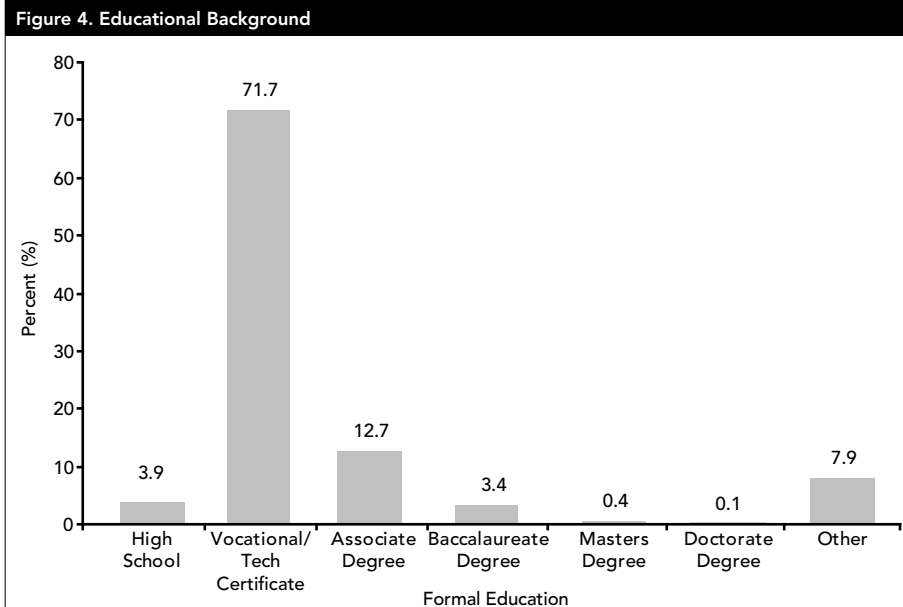


Table 3. Years of Experience

Years of Experience	N	%
Less than 1 Year	93	2.6
2 to 5 Years	450	12.6
6 to 10 Years	577	16.1
11 to 15 Years	595	16.6
16 to 20 Years	410	11.5
21 to 25 Years	483	13.5
Over 25 Years	967	27.0

Table 4. Education and RN Enrollment

Level of Education	Currently Enrolled in an RN Education Program	
	N	Percent (%)
Associate Degree	81	17.9
Vocational/Tech Certificate	297	11.6
Baccalaureate Degree	13	10.7
Other	28	9.9
Masters Degree	1	6.7
High School	9	6.5
Doctorate Degree	0	0.0

Continuing Education

Respondents were asked to select from a list all the national and institutional certifications they currently held. LPN/VNs were most likely to hold national certifications in Basic Life Support (48.1%), Intravenous Therapy (21.5%) and Advanced Cardiac Life Support (12.1%). Respondents most frequently indicated holding institutional certifications for Intravenous Therapy (20.3%), Basic Life Support (19.9%), Geriatric Care (11.9%), Long-Term Care (11.7%) and Wound Care (11.5%). See Table 5.

LPN/VNs reported earning an average of 16 continuing education (CE) contact hours per year. On average, LPN/VNs who indicated hospitals as their primary facility reported the greatest yearly continuing education contact hours. Respondents from community-based/ambulatory care settings reported the lowest average. See Table 6 for the average number of respondents' CE contact hours according to employing facility.

LPN/VNs from Area I reported the highest average of CE hours earned. See Table 7.

Table 5. National and Institutional Certifications Held

Certifications	National		Institutional	
	Frequency	Percent %	Frequency	Percent %
Basic Life Support	1789	48.1	742	19.9
Intravenous Therapy	801	21.5	754	20.3
Advanced Cardiac Life Support	452	12.1	162	4.4
Pharmacology	253	6.8	168	4.5
Infection Control	246	6.6	402	10.8
Geriatric Care	240	6.5	443	11.9
Long-Term Care	220	5.9	434	11.7
Other	207	5.6	147	4.0
Wound Care	172	4.6	429	11.5
Pediatric Advanced Life Support (PALS)	151	4.1	58	1.6
Telemetry	119	3.2	202	5.4
Neonatal Resuscitation Program (NRP)	102	2.7	53	1.4
Hospice Care	90	2.4	151	4.1
Rehabilitation	57	1.5	134	3.6
Chemotherapy	28	0.8	45	1.2

Table 6. Facility Average Continuing Education

Primary Facility	Average CE Contact Hours Per Year (Mean)
Hospital	18.68
Other	16.08
Public Health Department	15.82
Long-Term Care	15.43
Home Health	14.86
Community-Based/Ambulatory Care	13.86

Table 7. Area Average Continuing Education

	N	Mean	Median	Mode
Area I	390	18.88	15	30
Area II	1,035	16.16	15	12
Area III	1,435	16.63	15	20
Area IV	712	12.77	10	0

As seen in Table 8, some LPN/VNs earn continuing education contact hours regardless of whether or not their jurisdiction requires CE.

State	N	Min	Max	Mean	LPN Average CE Required
AK	3	12	30	21	30 hrs Biennial
AL	78	0	60	20	24 hrs Biennial
AR	65	0	30	15	15 hrs Biennial
AZ	30	0	64	15	0
CA-VN	176	0	90	24	30 Hrs Biennial
CO	25	0	50	13	20 hrs Biennial
CT	46	0	60	8	0
DC	2	5	25	15	12 hrs Biennial
DE	48	6	40	21	24 hrs Biennial
FL	186	4	68	25	1 for each month of license cycle
GA-PN	87	0	80	14	0
HI	1	0	0	0	0
IA	53	0	65	15	36/3 yrs
ID	18	0	45	17	0
IL	84	0	40	10	0
IN	94	0	99	12	0
KS	46	3	45	23	30 hrs Biennial
KY	62	7	60	25	14 hrs Biennial
LA-PN	82	0	40	8	0
MA	87	2	63	18	15 hrs Biennial
MD	19	0	80	19	10 hrs Biennial
ME	15	0	50	10	0
MI	138	0	60	22	25 hrs Biennial
MN	118	1	99	15	1 for each 2 months of registration
MO	79	0	90	10	0
MS	62	0	50	14	0
MT	20	0	40	12	0
NC	106	0	50	13	0
ND	26	6	40	16	12 hrs Biennial
NE	46	8	50	17	20 hrs Biennial
NH	8	10	25	18	30 hrs Biennial
NJ	48	0	45	10	0
NM	14	0	40	24	30 hrs Biennial
NV	14	10	50	26	30 hrs Biennial
NY	187	0	80	11	Infection Control Course/4 yrs
OH	218	0	75	20	24 hrs Biennial
OK	68	0	40	11	0
OR	20	0	20	9	0
PA	233	0	80	11	0
RI	11	2	50	18	10 hrs Biennial

Table 8. Continued

State	N	Min	Max	Mean	LPN Average CE Required
SC	63	0	70	13	30 hrs Biennial
SD	11	0	20	8	0
TN	125	0	80	12	0
TX	355	0	99	19	20 hrs Biennial
UT	16	0	60	13	30 hrs Biennial
VA	96	0	70	12	0
VT	7	0	40	9	0
WA	48	0	50	10	0
WI	73	0	75	11	30 hrs Biennial
WV-PN	49	4	50	21	24 hrs Biennial
WY	4	1	45	22	20 hrs Biennial
AMERICAN SAMOA	1	30	30	30	0
GUAM	0	0	0	0	0
NORTHERN MARIANA ISLANDS	0	0	0	0	Existing Requirement Unspecified
PUERTO RICO	0	0	0	0	0
VIRGIN ISLANDS	1	20	20	20	0

*NCSBN Learning Extension (n.d.). *Board of nursing continuing education requirements*. Retrieved Aug. 10, 2006, from <http://www.learningext.com/resources/cerequirements.asp>

Work Environment

Facility

The majority of LPN/VN respondents (34.2%) reported working in long-term care. About 25.1% LPN/VNs reported working in hospitals, 24.0% in community-based/ambulatory care and 7.6% reported working in home health. See *Figure 5*.

Primary Specialty Practice Area

The majority of LPN/VN respondents (31.2%) indicated nursing home, skilled or intermediate care as their primary specialty practice area. About 13.0% of LPN/VNs indicated physician's office/APRN/dentist's office and 10.7% indicated medical/surgical unit or any of its sub specialties as their primary specialty practice area. See *Table 9*.

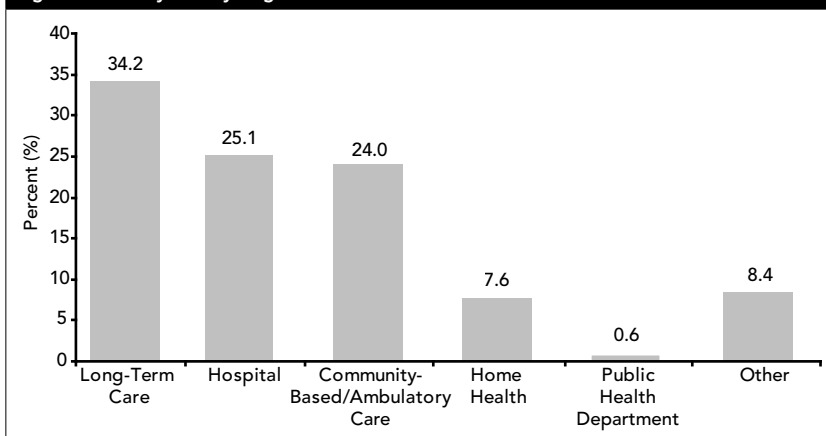
Shifts and Hours Worked

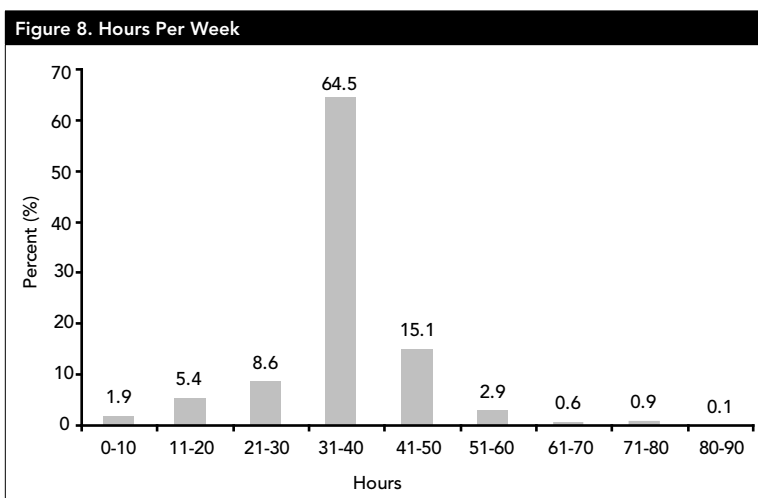
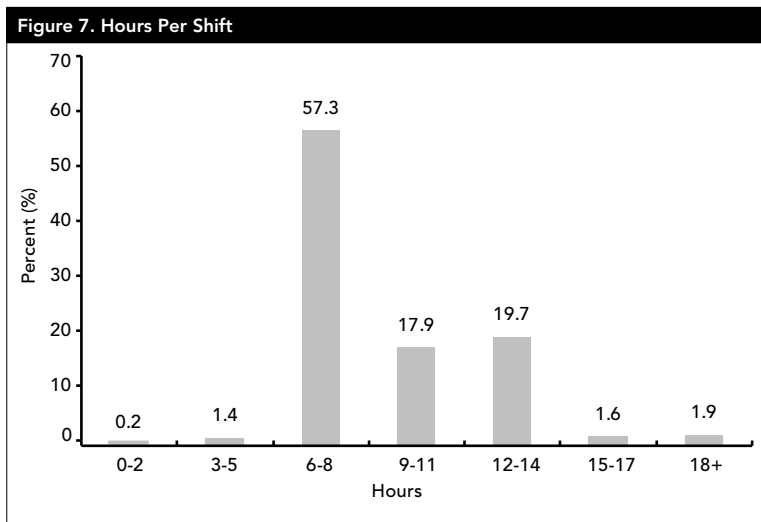
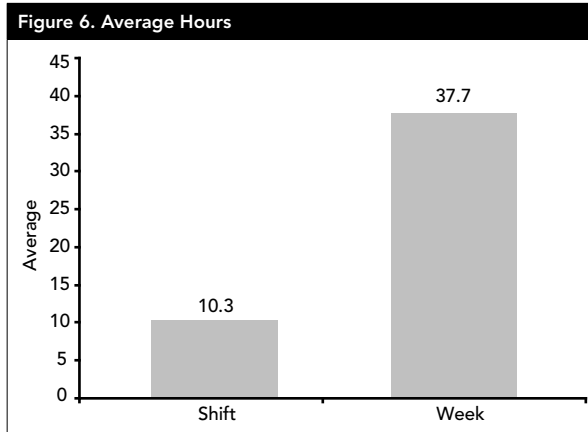
On average, respondents reported working approximately 38 hours per week as LPN/VNs while approximately 20% of respondents reported working over 40 hours per week as LPN/VNs. On average, LPN/VNs reported working approximately 10 hours per day/shift. See *Figure 6*. A majority of respondents (57.3%) indicated a typical shift was 6 to 8 hours (see *Figure 7*) while the majority of LPN/VNs (64.5%) reported working 31 to 40 hours a week. See *Figure 8*.

Table 9. Primary Specialty Practice Area

Area	N	Percent (%)
Nursing Home, Skilled or Intermediate Care	1051	31.2
Other	451	13.4
Physician/APRN/Dentist's Office	438	13.0
Medical-Surgical Unit/Sub Specs	361	10.7
Other Long-Term Care	204	6.1
Pediatrics	134	3.4
Psychiatry/Sub Specs	126	3.7
School/College Health Setting	90	2.7
Non-clinical Setting	75	2.2
Rehabilitation	74	2.2
Maternal Newborn	67	2.0
Operating Room	59	1.8
Critical Care	54	1.6
Hospice Care/Palliative Care	50	1.5
Emergency Department	42	1.2
Case Management	35	1.0
Occupational Health	25	0.7
Education	21	0.6
Pediatric/Neonatal Intensive Care	7	0.2
Telehealth	5	0.1

Figure 5. Primary Facility/Organization





Client Ages

LPN/VNs were asked to indicate all of the age groups that they cared for in their work environments. LPN/VNs indicated that they were most likely to care for clients aged 65 to 85 years (69.1%); clients aged 31 to 64 years (53.4%) and clients over the age of 85 (41.0%). See *Figure 9*.

Client Types

LPN/VNs were asked to identify all of the different types of health conditions of the clients they cared for in their work environments. LPN/VNs reportedly cared most for clients with stabilized chronic conditions (57.6%), acute conditions (46.1%), clients with behavioral/emotional conditions (41.6%) and clients with unstabilized chronic disorders (41.3%). See *Figure 10*.

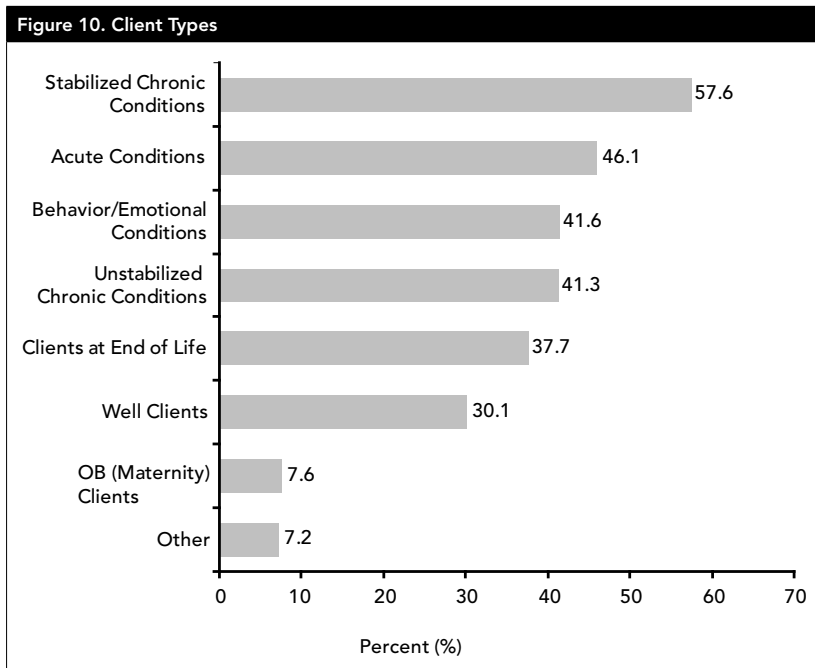
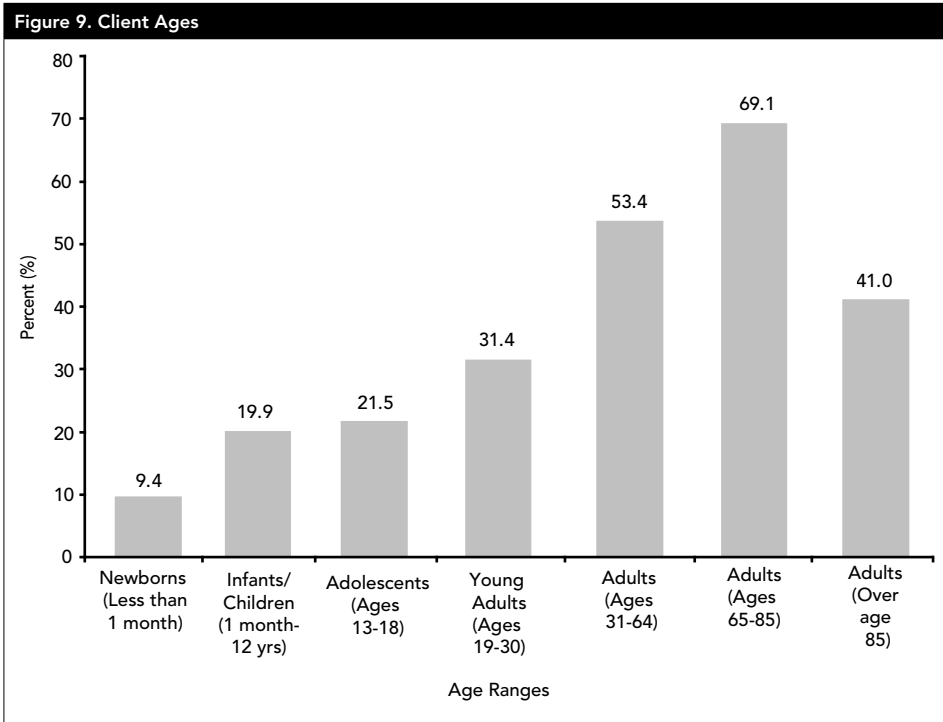
LPN/VNs were asked the number of clients they provided care for in a typical day. The LPN/VNs reported an average of 24 clients per day. See *Table 10*. LPN/VNs from long-term care reported the highest average (33) of clients per day.

Demographic Summary

The typical LPN/VN respondent was a 47-year-old White female who graduated from a vocational/technical LPN/VN nursing program. The typical LPN/VN respondent had 18 years of experience and provided skilled or intermediate care in a long-term care facility and worked about 38 hours a week. On a typical day she cared for about 24 clients with stabilized chronic conditions who were between the ages of 65 and 85. She held specialized certifications and earned about 16 CE contact hours per year.

Table 10. Facility Average Clients Per Day

Primary Facility	Clients Per Day (Mean)
Long-Term Care	33
Community-Based / Ambulatory Care	29
Other	26
Public Health Department	18
Hospital	12
Home Health	4



ACTIVITY PERFORMANCE CHARACTERISTICS

Findings relative to the activities performed by LPN/VNs are presented in this section of the report. The methods used to collect and analyze activity findings related to frequency and importance of LPN/VN activity performance will be discussed. A validation of the survey findings by the Panel of SMEs will also be provided.

Overview of Methods

The 2005 LPN/VN Continued Competence Survey asked LPN/VN respondents to provide two ratings, frequency and importance, for each of the activity statements on the surveys. The scale of frequency ranged from "0 Typically Performed Less Than One Time in Work Setting" to "4 Times or More." Importance was rated on a four-point scale of "1 Not Important" to "4 Extremely Important" to LPN/VN practice.

This study sought to discover which activities comprise post entry-level LPN/VN practice, regardless of settings, specialty practice area, years of experience and/or geographic region of practice.

Validation of Findings

The Panel of SMEs rated the 159 activity statements for frequency and importance using the same scale as respondents. Those five activities that the SMEs rated to receive the lowest and highest frequency and importance ratings are listed in Table 11. The average frequency and importance respondent ratings were calculated for each of the five activities. In all cases, respondent ratings for those activities selected by SMEs to have high values were higher than those that had been anticipated to have low values. This helped to provide validation for respondent ratings.

Reliability

To evaluate the instrument, a coefficient alpha (KR20) was calculated. The KR20 reliability estimates are affected by the number of questions and the number of respondents. Higher values (e.g., greater than 0.90) reflect less error and are considered quite good (Guilford, 1956). For this survey, the frequency ratings for

Table 11. Response Validation

Activity #	SMEs Low Frequency Activities	Respondent Mean Frequency
f1.66	Perform emergency care procedures (e.g., cardiopulmonary resuscitation, automated external defibrillator (AED), Heimlich maneuver)	0.85
f1.74	Perform peritoneal dialysis	1.12
f2.66	Discuss sexuality concerns with client (e.g., family planning, menopause, sexually transmitted disease (STD), erectile dysfunction)	1.72
f2.41	Initiate infusion of blood product	1.82
f1.75	Perform hemodialysis	2.04
Activity #	SMEs High Frequency Activities	Respondent Mean Frequency
f2.82	Verify the identity of client	3.47
f2.88	Document client care using standard nomenclature and terminology (e.g., approved abbreviations)	3.55
fc.18	Follow the five rights of medication administration	3.56
f2.80	Provide for privacy needs	3.61
f2.50	Maintain current, accurate medication list or medication administration record (MAR)	3.66
Activity #	SMEs Low Importance Activities	Respondent Mean Importance
f1.75	Perform hemodialysis	2.43
f1.74	Perform peritoneal dialysis	2.58
f2.46	Administer medication by intravenous push (IVP)	2.89
f2.47	Administer medication through a central venous catheter	2.89
f1.52	Assist with insertion of a central intravenous (IV) line	3.04
Activity #	SMEs High Importance Activities	Respondent Mean Importance
f2.80	Provide for privacy needs	3.81
f2.82	Verify the identity of client	3.83
f2.50	Maintain current, accurate medication list or medication administration record (MAR)	3.85
fc.18	Follow the five rights of medication administration	3.87
fc.29	Maintain client confidentiality	3.90

each of the two forms had KR20 reliability estimates greater than 0.97, which suggested limited error. Likewise, the importance ratings for each of the two forms had KR20 reliability estimates greater than 0.98, which further suggests limited error (Hopkins, 1990).

Representativeness of Activity Statements

The participants were asked whether the activities on their survey form represented what they actually did in their positions. A majority indicated that the activities were representative of their current practice. It can be concluded that respondents perceived the survey as being a sufficient or reasonable representation of their work. This is important for establishing the content validity of the survey. In addition, the respondents were asked to list any activity statements that were “missing.” NCSBN senior nursing content staff reviewed these comments and found that no additional activities were indicated as “missing.” Rather, the written comments reflected the absence of activities that had been included on the other form of the survey (there were two forms of the survey). The Continued Competence Task Force also reviewed the information and validated the findings.

Applicability of Activity to Practice Setting

Respondents indicated an activity was not applicable to his or her work setting by marking the “N Never Performed in Work Setting” response. The activities ranged from 0.97% not performed (i.e., almost all of the respondents reported that the activity was performed within their work settings) to 95.81% (i.e., nearly all of the respondents reported the activity was not performed within their work setting). Based on these results, the activity statements were comprehensive enough so as not to artificially limit the full range of LPN/VN activities.

Of the 159 activities included in the study, the nursing activities that were reported to apply to the settings of the lowest number of participants were related to performing hemodialysis, administer-

ing phototherapy to newborns, peritoneal dialysis and fetal heart monitoring. The activities with the highest number of participants reporting the performance of that activity applied to their work setting were those activities related to the maintenance of client confidentiality and privacy and using universal/standard precautions. See *Table 12*.

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 a typical day/shift using a five-point scale: “0 Typically Performed Less Than 1 Time in Work Setting” to “4 Times or More.”

Average total group frequencies for activity performance ranged from 0.85 or approximately 1 time per day/shift to 3.74 or approximately 4 or more times per shift. The activities performed with the lowest total group frequency were “Perform emergency care procedures (e.g., cardiopulmonary resuscitation, automated external defibrillator (AED), Heimlich maneuver)” (0.85), “Provide post mortem care” (1.01) and “Perform peritoneal dialysis” (1.12). Those activities performed with the overall highest frequencies were “Use universal/standard precautions” (3.74) and “Maintain client confidentiality” (3.74). See *Table 12*.

Importance of Activity Performance

Respondents were asked to rank the importance of performing each nursing activity for the continued competence of LPN/VN practice. Importance ratings were recorded using a four-point scale: “1 Not Important” to “4 Extremely Important.”

Average total group importance ratings ranged from 2.41 to 3.90. The activities with the lowest importance ratings were “Use alternative/complementary therapy (e.g., acupuncture, music therapy or herbal therapy)” (2.41) and “Perform hemodialysis” (2.43). The activities with the highest importance ratings were “Use universal/standard precautions” (3.90) and “Maintain client confidentiality” (3.90). See *Table 12*.

Activity Performance Findings

Summary data were calculated for all activities, including percent of respondents who do not perform an activity, frequency of performance and mean importance data. The summary data can be found in Table 12 where activities are listed in the order that they appeared on the survey.

Table 12. Activity Statements Sorted by Analysis Order

Activity #	Activity	% Not Performed	Mean Frequency	Mean Importance
fc.1	Identify client's allergies	8.61	2.94	3.72
fc.2	Participate in a health screening program for clients	39.35	2.12	2.99
fc.3	Compare a client's development to norms	35.37	2.27	2.97
fc.4	Update client's plan of care	25.54	2.37	3.21
fc.5	Organize and prioritize care for assigned group of clients	29.80	2.89	3.27
fc.6	Take client's vital signs (e.g., temperature, pulse, blood pressure, respirations)	4.93	3.30	3.66
fc.7	Perform fetal heart monitoring	88.83	1.62	2.67
fc.8	Provide pre-, intra- and post-natal care	85.41	2.31	2.74
fc.9	Provide care that meets the special needs of clients based on their age	21.73	3.09	3.31
fc.10	Provide care for a clients with drainage device (e.g., wound drain, chest tube)	45.14	1.78	3.24
fc.11	Intervene to improve client's elimination	26.33	2.33	3.29
fc.12	Collect specimen for diagnostic testing	15.25	2.32	3.38
fc.13	Administer phototherapy treatment to newborn	92.43	1.65	2.51
fc.14	Monitor client for adverse reactions to treatments, procedures	14.77	2.75	3.61
fc.15	Administer medication by oral route	14.25	3.29	3.63
fc.16	Administer intravenous (IV) fluids	47.03	2.29	3.37
fc.17	Evaluate client's response to medication	8.09	3.28	3.71
fc.18	Follow the five rights of medication administration	8.25	3.56	3.87
fc.19	Assist client with expected life transition (e.g., attachment to newborn, parenting, puberty or retirement)	58.88	1.93	2.94
fc.20	Provide emotional support to client/family	5.00	3.00	3.59
fc.21	Provide a therapeutic environment	19.70	2.95	3.38
fc.22	Participate in group therapy session	76.86	1.62	2.60
fc.23	Provide care for client with cognitive impairment or altered mental status	17.28	2.80	3.48
fc.24	Use universal/standard precautions	2.45	3.74	3.90
fc.25	Intervene to maintain client's skin integrity	16.92	3.07	3.62
fc.26	Manage/prevent complications related to client's condition	14.18	2.97	3.55
fc.27	Communicate change in client status	7.41	2.79	3.69
fc.28	Assist in developing discharge/teaching plans	33.28	2.12	3.29
fc.29	Maintain client confidentiality	0.97	3.74	3.90
fc.30	Provide shift report	27.44	2.65	3.59
f1.31	Perform telephone triage to decide level or type of care needed	51.36	2.48	3.01
f1.32	Participate in client's health promotion program/activities	25.40	2.25	3.04
f1.33	Collect data for initial or admission health history	18.41	2.39	3.51

Table 12. Continued

Activity #	Activity	% Not Performed	Mean Frequency	Mean Importance
f1.34	Evaluate client's wound using a rating scale	23.72	2.02	3.31
f1.35	Identify client's use of coping mechanisms	20.32	2.33	3.17
f1.36	Identify factors that may affect client's recovery	14.78	2.50	3.38
f1.37	Evaluate client's potential for violence to self or others	20.71	2.02	3.42
f1.38	Identify signs and symptoms of substance abuse/chemical dependency, withdrawal or toxicity	27.45	1.77	3.25
f1.39	Identify factors that contribute to client's behavior or change in client's behavior	12.79	2.50	3.38
f1.40	Assess pain using a rating scale	9.22	3.14	3.60
f1.41	Perform focused risk assessment (e.g., developmental delay, potential for falls)	19.94	2.70	3.48
f1.42	Perform neurological or circulatory check	16.94	2.35	3.42
f1.43	Perform focused reassessment of client	23.08	2.41	3.27
f1.44	Identify abnormalities on a client's cardiac monitor strip	66.82	1.90	3.03
f1.45	Identify signs and symptoms of an infection	6.26	2.69	3.64
f1.46	Monitor diagnostic or laboratory test results	17.00	2.80	3.51
f1.47	Apply and/or monitor use of restraints or seclusion	51.86	2.09	3.00
f1.48	Perform minor laboratory tests (e.g., urinalysis, strep, capillary blood glucose monitoring)	20.00	3.00	3.44
f1.49	Use an alternative/complementary therapy (e.g., acupressure, music therapy or herbal therapy)	72.40	1.71	2.41
f1.50	Provide feeding through and/or care for client's gastrointestinal tube (g-tube), nasogastric (NG) tube, jejunal tube (j-tube)	38.24	2.64	3.40
f1.51	Evaluate and monitor arteriovenous (AV) shunt	69.10	1.62	2.95
f1.52	Assist with central intravenous (IV) line	61.21	1.70	3.05
f1.53	Perform central line dressing change	63.14	1.51	3.04
f1.54	Insert peripheral intravenous (IV) line	60.30	1.93	3.11
f1.55	Perform bladder scan	78.31	1.71	2.62
f1.56	Provide cooling interventions for elevated temperature	34.92	1.54	3.19
f1.57	Insert urinary catheter	25.94	1.66	3.29
f1.58	Discontinue peripheral intravenous (IV) line	44.99	1.89	3.09
f1.59	Discontinue nasogastric (NG) tube	61.99	1.51	2.88
f1.60	Discontinue urinary catheter	28.77	1.68	3.16
f1.61	Perform wound care	14.41	2.57	3.49
f1.62	Perform irrigation of urinary catheter, bladder, wound, ear, nose, eye	29.84	1.68	3.17
f1.63	Change/reinsert gastrointestinal tube (g-tube)	63.23	1.29	2.99
f1.64	Insert and monitor nasogastric (NG) tube	67.44	1.50	2.94
f1.65	Provide care to client in traction	69.55	1.21	2.88
f1.66	Perform emergency care procedures (e.g., cardiopulmonary resuscitation, automated electronic defibrillator (AED), Heimlich maneuver)	38.36	0.85	3.66
f1.67	Intervene to improve client's respiratory status (e.g., breathing treatment, suctioning, repositioning)	20.33	2.43	3.65
f1.68	Suction a client (e.g., oropharyngeal, nasopharyngeal, tracheostomy, endotracheal)	35.10	1.85	3.48

Table 12. Continued

Activity #	Activity	% Not Performed	Mean Frequency	Mean Importance
f1.69	Provide oxygen via the prescribed modality	19.17	2.56	3.58
f1.70	Provide tracheostomy care	48.22	1.59	3.30
f1.71	Remove sutures or staples	33.50	1.43	3.04
f1.72	Apply or remove immobilizing equipment (e.g., splint, brace)	31.05	1.74	3.02
f1.73	Perform an electrocardiogram (EKG/ECG)	71.10	2.14	2.93
f1.74	Perform peritoneal dialysis	90.54	1.12	2.58
f1.75	Perform hemodialysis	95.81	2.04	2.43
f1.76	Collect blood specimen (e.g., venipuncture/peripheral intravenous/central line)	58.73	2.28	3.07
f1.77	Provide care to client on ventilator	79.35	1.88	2.96
f1.78	Perform check of client's pacemaker	66.09	1.21	2.92
f1.79	Perform care for client before or after surgical procedure	41.80	2.01	3.30
f1.80	Monitor a client recovering from conscious/moderate sedation	59.50	1.79	3.12
f1.81	Perform active and passive range of motion with/without equipment	37.95	2.15	3.09
f1.82	Maintain client's intravenous (IV) site	40.01	2.30	3.35
f1.83	Monitor continuous or intermittent suction of nasogastric (NG) tube	61.10	1.82	3.04
f1.84	Report or intervene to prevent unsafe practice of health care provider	33.09	1.47	3.57
f1.85	Assure safe functioning of client care equipment by identifying, reporting and and/or removing unsafe equipment	13.66	2.05	3.62
f1.86	Use proper body mechanics when lifting and transferring	7.68	3.27	3.75
f1.87	Identify and report hazardous conditions in work environment (e.g., OSHA, JCAHO)	25.11	1.80	3.60
f1.88	Use aseptic/sterile technique	6.17	3.04	3.79
f1.89	Follow protocol for timed client monitoring (e.g., suicide precautions, safety checks)	32.67	2.41	3.51
f1.90	Use transfer assistive device (e.g., t-belt, slide board, mechanical lift)	32.58	2.34	3.35
f1.91	Provide for mobility needs (e.g., ambulation, transfers, repositioning, use of adaptive equipment)	21.84	2.89	3.44
f1.92	Provide intra-operative care (e.g., positioning client for surgery, maintaining sterile field, providing operative observation)	73.14	1.96	3.05
f1.93	Assist with the performance of invasive procedures	48.13	1.77	3.24
f1.94	Provide appropriate follow-up after an incident (e.g., fall, client elopement, medication error)	17.11	1.83	3.58
f2.31	Contribute to the development of client's plan of care using data collected, technology and research	23.28	2.51	3.19
f2.32	Clarify prescription/order for a client	7.38	2.79	3.72
f2.33	Assist client with/or perform activities of daily living (ADLs)	24.65	2.83	3.27
f2.34	Monitor and provide for client's nutritional and hydration needs (e.g., intake/output)	22.98	3.01	3.42
f2.35	Monitor height and weight	10.09	2.44	3.16
f2.36	Provide care for clients with assistive devices (e.g., dentures, glasses, hearing aid, prosthesis, wheelchair)	16.83	2.75	3.17

Table 12. Continued

Activity #	Activity	% Not Performed	Mean Frequency	Mean Importance
f2.37	Promote independence for clients with assistive devices	22.90	2.54	3.20
f2.38	Orient client to environment upon admission	27.32	2.15	3.26
f2.39	Provide nonpharmacological measures for pain relief (e.g., guided imagery, back massage, repositioning)	30.83	2.56	3.16
f2.40	Monitor client receiving transfusion of blood product	72.52	1.62	3.18
f2.41	Initiate infusion of blood product	88.30	1.82	2.80
f2.42	Administer medication by gastrointestinal tube	39.36	2.47	3.45
f2.43	Administer a subcutaneous (SQ), intradermal or intramuscular (IM) medication	10.83	2.96	3.63
f2.44	Administer medication via rectum, vagina, eye/ear/nose or topical route	19.61	2.61	3.46
f2.45	Administer medication through a peripheral intravenous (IV) line by intravenous piggyback (IVPB)	60.59	2.20	3.25
f2.46	Administer medication by intravenous push (IVP)	81.51	2.12	2.89
f2.47	Administer medication through a central venous catheter	82.09	1.84	2.89
f2.48	Administer inhalation therapy (e.g., inhaler, nebulizer)	20.84	2.62	3.43
f2.49	Administer total parenteral nutrition (TPN)	73.43	1.82	3.04
f2.50	Maintain current, accurate medication list or medication administration record (MAR)	8.89	3.66	3.85
f2.51	Phone/fax client prescriptions to pharmacy	17.08	2.98	3.56
f2.52	Follow facility policy governing narcotics/controlled substances	13.02	3.39	3.83
f2.53	Include client/family in developing a plan of care	21.11	2.41	3.43
f2.54	Provide end-of-life care for client/family	38.34	1.70	3.47
f2.55	Provide family planning education	52.93	2.03	3.12
f2.56	Recognize barriers to communication or learning	9.96	2.42	3.38
f2.57	Encourage verbalization of concerns and questions	2.98	3.18	3.56
f2.58	Promote client's positive self-esteem	7.03	3.01	3.50
f2.59	Participate in plan of care for a client with substance or nonsubstance related dependency	55.68	1.68	3.10
f2.60	Participate in client's behavior management program	42.85	2.20	3.18
f2.61	Identify reasons for noncompliance (e.g., finances, environmental stressors)	23.88	2.34	3.22
f2.62	Assist client coping (e.g., grief/loss, abuse/neglect)	24.97	1.88	3.33
f2.63	Provide care with consideration of client's spiritual/cultural/religious beliefs and values	14.61	2.52	3.39
f2.64	Provide interventions to promote client's sleep/rest	22.58	2.54	3.33
f2.65	Identify signs of abuse and neglect	14.74	1.75	3.60
f2.66	Discuss sexuality concerns with client (e.g., family planning, menopause, sexually transmitted disease (STD), erectile dysfunction)	58.26	1.72	2.99
f2.67	Delegate or assign specific task to assistive personnel	22.05	2.95	3.29
f2.68	Perform administrative duties (e.g., schedules, hiring, budget, monitor cost-effective care)	68.10	2.09	2.76
f2.69	Provide input for performance evaluations of other staff	41.04	1.55	2.95

Table 12. Continued

Activity #	Activity	% Not Performed	Mean Frequency	Mean Importance
f2.70	Recognize and manage staff conflict through appropriate use of chain of command	23.26	1.63	3.19
f2.71	Advocate for client rights or needs	13.65	2.55	3.55
f2.72	Use technology to communicate with client/health care team	22.98	2.52	3.27
f2.73	Refer client/family to appropriate resources	14.30	2.09	3.32
f2.74	Provide written and verbal discharge instructions to client	35.32	2.07	3.38
f2.75	Provide or participate in staff education/new employee orientation	19.78	1.58	3.28
f2.76	Recognize task/assignment you are not prepared to perform and seek assistance	13.70	1.33	3.48
f2.77	Discharge client to home or transfer client to another facility	35.80	1.71	3.17
f2.78	Follow regulation/policy for reporting (e.g., abuse, neglect, gunshot wound or communicable disease)	21.14	1.41	3.58
f2.79	Obtain client's signature on consent form	18.94	2.11	3.54
f2.80	Provide for privacy needs	2.99	3.61	3.81
f2.81	Provide information about advance directives	28.91	1.84	3.38
f2.82	Verify the identity of client	5.02	3.47	3.83
f2.83	Participate in preparation for internal and external disasters	19.82	1.20	3.41
f2.84	Provide information for prevention of high risk behaviors	28.55	1.83	3.32
f2.85	Reinforce information about client condition to client/family	14.14	2.32	3.41
f2.86	Use electronic medical record to document/retrieve clinical information	47.72	2.94	3.20
f2.87	Use standing orders to provide care	18.21	2.96	3.47
f2.88	Document client care using standard nomenclature and terminology (e.g., approved abbreviations)	5.04	3.55	3.62
f2.89	Obtain/transcribe health care provider orders (e.g., verbal, telephone)	14.17	2.94	3.67
f2.90	Collaborate with health care team members (e.g., evaluate, recommend treatment modalities)	16.93	2.45	3.49
f2.91	Recognize the need for and provide an interpreter	36.48	1.36	3.30
f2.92	Assist client to compensate for sensory impairment	22.42	1.95	3.36
f2.93	Participate in quality improvement initiatives	23.17	1.86	3.21
f2.94	Provide post mortem care	47.16	1.01	3.09
f2.95	Supervise care provided by others	28.04	2.89	3.46

Subgroup Analyses

To ensure practice was consistent across settings, analyses were conducted to determine if practices (activities) were viewed similarly by respondents regardless of setting, specialty practice area, years of experience and/or geographic location. Importance ratings for all activity statements were calculated based on the subgroups that were self-reported in the demographic section of the survey.

In all of the analyses, a majority of the groups indicated that the mean importance rating was at least 3.0, which corresponds to “Important” on the LPN/VN continued competence rating scale.

Facility Subgroup Analysis

Importance ratings for all activity statements were calculated for the six facility type response options listed for Section 2, Question 4, of the LPN/VN survey instrument. The resulting data provided support for the claim that LPN/VN practice was similar regardless of the facility type in which LPN/VNs worked. The facilities that comprised the six subgroups can be found in Table 13. The “Other” category responses varied; however, the group averages were consistent with the five specified facilities. See *Appendix G for average importance ratings of the activity statements according to practice setting.*

Specialty Practice Area Subgroup Analysis

Importance ratings for all activity statements were calculated for 18 of the 20 specialty practice area response options listed for Section 2, Question 3, of the LPN/VN survey instrument. Due to their small number of respondents selecting pediatric/neonatal intensive care (0.2%) and telehealth (0.2%) as their specialty practice area, these specialties were included in the “Other” subgroup. The data resulting from the subgroup analysis provided support for the claim that LPN/VN practice was similar regardless of specialty practice area. The specialty practice area that comprised the subgroups can be found in Table 14. The “Other” category responses varied, however, the group averages were consistent with the 17 specified specialties as shown in Appendix H.

Table 13. Facility Abbreviations

Abbreviation	Group Title
HOS	Hospital
LTC	Long-Term Care
COM	Community-Based/Ambulatory Care
PH	Public Health Department
HHC	Home Health Care
OTH	Other

Table 14. Specialty Practice Area Abbreviations

Abbreviation	Group Title
CM	Case Management
CC	Critical Care
EDU	Education
ED	Emergency Department
HC/PA	Hospice Care/Palliative Care
MAT	Maternal Newborn
MED	Medical-Surgical Unit/Sub Specialty
NCS	Non-clinical Setting
HH	Nursing Home, Skilled or Intermediate Care
OH	Occupational Health
OR	Operating Room
OTH LTC	Other Long-Term Care
PED	Pediatrics
PHY	Physician/APRN/Dentist's Office
PSY	Psychiatry/Sub Specialty
REHAB	Rehabilitation
SCH	School/College Health Setting
OTH	Other

Table 15. Years of Experience Categories

Abbreviation	Group Title
1	1 year or less
2	2 to 5 years
3	6 to 10 years
4	11 to 15 years
5	16 to 20 years
6	21 to 25 years
7	26 to 30 years
8	Over 30 years

Years of Experience Subgroup Analysis

Respondent importance ratings were divided into eight subgroups based on responses to Section 1, Question 1, which queried respondents' years of LPN/VN experience. See *Table 15*. Group averages for importance ratings were calculated for all activity statements based on the grouped data for years of experience as shown in Appendix I. The resulting data provided support for the claim that LPN/VN practice was similar regardless of years of LPN/VN experience.

Geographic Region Subgroup Analysis

Importance ratings for all activity statements were calculated for the four geographic areas of NCSBN's member boards as shown in Appendix J. The resulting data provided support for the claim that LPN/VN practice was similar regardless of geographic area. The states and territories that comprised the four subgroups can be found in *Table 2* on Page 10.

This data provides additional support to the overall study findings by suggesting that practice is similar across various demographic categories.

SUMMARY

The *2005 LPN/VN Post Entry-Level Practice Analysis* study collected data on the frequency and importance of LPN/VN activity performance. The Continued Competence Task Force reviewed the report.

The importance ratings provided by the LPN/VN respondents were comparable across facilities, specialty practice area, years of experience and/or geographic regions.

CONCLUSION

A nonexperimental, descriptive study was conducted to explore the importance and frequency of activities performed by post entry-level LPN/VNs and more than 3,700 LPN/VNs responded. Findings indicate that the activities that LPN/VNs perform are similar regardless of facility, nursing specialty practice area, years of experience and/or geographic region. Information from this study can be used to determine if there is a core set of LPN/VN activities that can be used to determine core competencies.

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APPENDIX A: EXTERNAL JOB ANALYSIS METHODOLOGY EXPERTS

Reviewers were selected on the basis of their expertise related to practice analysis or job analysis studies and/or their use in the development of national credentialing/licensure examinations. Each reviewer was required to sign a confidentiality agreement.

The experts were:

Matthew Schulz, PhD, has worked for American College Testing for many years in several psychometric roles. He is knowledgeable about common practices and industry standards with regard to job analyses and practice analyses. He is also familiar with the NCLEX Examination as he was NCSBN's director of testing in the 1980s.

Richard Smith, PhD, is the editor of the *Journal of Applied Measurement* and an extensively published scholar who specializes in testing and measurement. He has supervised the development of licensing examinations and is knowledgeable regarding practice analyses and issues regarding connecting test content to practice.

Jim Fidler, PhD, is the director of testing and competency assurance for the American Medical Technologists. He has more than 15 years of experience working with certification testing and supervises the development of several certification examinations.

Gregg S. Margolis, PhD, NREMT-P, is the associate director of the National Registry of Emergency Medical Technicians. In this capacity, he manages many of the critical aspects of developing and maintaining several national certification examinations in a way that is legally defensible including ensuring that the examination is tied to practice.

Steven L. Wise, PhD, is a professor of psychology and is the director of the Center for Assessment and Research Studies at James Madison University. He has many years of experience developing examinations especially with adaptive administration.

APPENDIX B: 2005 LPN/VN CONTINUED COMPETENCE PANEL OF EXPERTS

Area I

Member:	Erica Wong, LVN LVN Instructor Casaloma College Hawthorne, CA
Board:	California VN Board of Nursing
Specialty:	OB-GYN, Critical Care
Years of Nursing Experience:	6

Wong is currently teaching fundamentals of nursing, pharmacology, skills lab and clinical to licensed vocational nursing students. She has experience as a staff developer and in the emergency room where she cared for acutely ill patients and assisted with traumas, wound care and treatments, medications and patient teaching. Wong is involved in community health education and is also a CNS instructor, childbirth educator and Labor and Delivery nurse specialist. She is also CERT trained for local and national FEMA disasters, a CPR instructor for the American Red Cross and a volunteer in the Medical Division for Emergency Disaster Services with the American Red Cross. Wong is currently in school pursuing her education to become a registered nurse.

Member:	Wayne McKay, LPN LPN/Lab Tech/RA (X-ray Tech) Benefits Health Care
Board:	Montana Board of Nursing
Specialty:	Medical-Surgical, Pediatrics
Years of Nursing Experience:	38

McKay has been a member of the Practical Nursing Advisory Board at the Montana State University College of Technology for 16 years and has been active in the NCLEX-PN® examination review process for more than seven years. McKay assisted in setting up the practical nursing students to work in the hospital's walk-in clinic. He also worked in various other settings including emergency room, orthopedic clinic, medical/surgical, Ear/Nose/Throat (ENT), obstetrics, pediatrics, physical exams, air evacuation, and as instructor for Acute Trauma Life Support (ATLS) and mass triage.

Member:	K. Joel Allred, BSW, LPN Social Worker/Practical Nurse Davis Behavioral Health
Board:	Utah Board of Nursing
Specialty:	Psychiatric Nursing
Years of Nursing Experience:	16

Allred developed a new program, elements of which include medication management, exercise, weight management/nutrition, financial management, stress/goals/relaxation techniques, sleep hygiene, substance abuse, interpersonal relationships, vocational and educational coaching, and relapse prevention with symptom management. Allred also trained and worked as an LPN in military hospitals.

Area II

Member:	Gwendolyn Odom, LPN LPN Nursing Supervisor HCR Manor Care
Board:	Illinois Board of Nursing
Specialty:	Geriatric, Long-Term Care Nursing
Years of Nursing Experience:	7

Odom supervises LPN nursing personnel and coordinates care delivery. She has experience in long-term care, public health/corrections, case management and special project work. Odom implemented, coordinated and oversaw day-to-day operations of the Hepatitis B pilot project funded by Centers for Disease Control. She also reviewed, researched and recorded medical immunizations in the IDPH TOTS database and provided sexually transmitted disease (STD) education and HIV counseling.

Member:	Laura L. Owens, BA, LPN LPN Clinic Manager Primary Health Care, Inc.
Board:	Iowa Board of Nursing
Specialty:	Medical-Surgical, Women's Health, Ambulatory Care Clinic Nursing
Years of Nursing Experience:	25

Owens manages clinics that primarily care for uninsured and under-served residents. She manages the nursing staff and is a preceptor for nursing services. As a clinic nurse leader, Owens is participating in the Nationwide Diabetic Collaborative Program. She also works as a liaison promoting women's health in collaboration with the Polk County Health Department Breast and Cervical Early Detection Program.

Member	Melinda Leed, LPN Charge Nurse Hilltop Manor, Inc.
Board	Kansas Board of Nursing
Specialty	Geriatric, Long-Term Care
Years of Nursing Experience	23

Leed has been a charge nurse for 13 years. She orients entry-level nurses to her facility and supervises their clinical experience and skills. Leed also is a mentor for new graduates from both RN and LPN programs and precepts first year nursing students from Pratt Community College.

Area III

Member	Candace Melancon, LPN LPN Supervisor Oschsner Clinic Foundation
Board	Louisiana PN Board of Nursing
Specialty	Clinic, All Specialty Areas, Faculty
Years of Nursing Experience	15

Melancon has seven years of supervisory experience, including daily operation oversight, coordination of care, staff schedules, time keeping, performance evaluations and corrective action. She also provides special relief coverage for various departments. She has experience in internal medicine, pediatrics, dermatology, diabetes management, gastroenterology, home health, neurology, oncology, pulmonary and education. Melancon was also vice president of the policy council for the Ascension Parish Head Start program and a basic life support instructor from 2004 to 2005.

Member	Debra Newton-Doria, LPN School Nurse – Camp Nurse Berea Elementary School Doctor's Family Medicine
Board	South Carolina Board of Nursing
Specialty	School Nurse, Camp Nurse, OB-GYN
Years of Nursing Experience	15

Newton-Doria works on medication administration, immunization compliance, preventative screenings for hearing and vision, and student health education. She was an office staff nurse providing general patient care in a multi-physician family practice. She has held a summer position as camp health manager providing care for resident counselors and campers, ages seven through 21. Currently, she is appointed to the South Carolina Board of Nursing. Newton-Doria was a 2000/2001 South Carolina School LPN of the Year nominee.

Member	Cheri Garner, LVN LVN, Operating Room Scrub Nurse/LVN Assessment Nurse Austin Regional Clinic
Board	Texas Board of Nursing
Specialty	Operating Room, Family Clinic, Internal Medicine, Endocrinology
Years of Nursing Experience	3

Garner has experience in pediatrics and family practice, internal medicine and endocrinology. She has served as an operating room scrub nurse and assisted surgeons with surgical cases. Currently, she is a telephone triage nurse and family practice nurse.

Member	Ella Leftwich, LPN Licensed Practical Nurse Hampton Veterans Affairs Medical Center
Board	Virginia Board of Nursing
Specialty	Medical-Surgical
Years of Nursing Experience	11

Leftwich is a team leader. She has monitored PICC lines and mediports, initiated CPR and supported the RNs during codes. She received the 2000 Secretary Excellence-LPN of the Year award. She received an outstanding rating at Hampton Veterans Affairs Medical Center and was a LPN NCLEX® Item Review Panel member.

Area IV

Member	Thelma Huskey, LPN Nurse Manager/Quality Care Coordinator Charlestown Retirement Community
Board	Maryland Board of Nursing
Specialty	Military, Geriatric
Years of Nursing Experience	20

Huskey is currently responsible for directing the health care services for a 37-bed geriatric unit. She has experience with the following duties: managing and monitoring 120 licensed and unlicensed personnel in the delivery of care; directing and advising staffing and resident care standards; and reviewing documentation of facility medical documents for compliance with regulations. She has had a career in the military with a focus on nursing personnel management, supervision, administration and personnel training. Huskey was a senior clinical supervisor for the perioperative and specialty nursing services at Fort Stewart, Georgia, and was a hospital operations manager for the 43rd Mobile Army Surgical Hospital (MASH) in Korea. She is the executive board member of the Maryland Licensed Practical Nurses Association.

Member	Patricia Rioux, BS, LPN Staff Nurse – Sub Acute Unit Dover Rehabilitation and Living Center
Board	New Hampshire Board of Nursing
Specialty	Mental Health
Years of Nursing Experience	3

Rioux is unit manager in the Alzheimer's Dementia Unit and has experience in subacute settings including rehabilitation. Rioux's certifications include Gerontology Certified Education Resources Inc., wound care certification and intravenous certification.

Member	Ottamissiah H. Moore, LPN, CLNI, WCC Health Educator Greater Southeast Community Hospital
Board	DC Board of Nursing
Specialty	Medical-Surgical, Health Educator
Years of Nursing Experience	20

Moore teaches courses for staff development throughout the Greater Southeast Community Hospital. She has experience as nurse manager of an Alzheimer's assisted living facility.

Member	Theresa Parker, LPN Hospice/Home Health Staff Nurse Asera Care Hospice and Home Health
Board	Pennsylvania Board of Nursing
Specialty	Hospice, Home Health
Years of Nursing Experience	20

Parker is president of NPLPN and advisor for the CTC – Practical Nursing program. She also served on the Board of Directors for NAPNES.

APPENDIX C: 2006 NCSBN CONTINUED COMPETENCE TASK FORCE

Chair	<p>Sue Tedford, RN, MNSC Director of Nursing Education Arkansas State Board of Nursing</p> <p>Tedford is responsible for implementing continued competence regulations for the ASBN and presenting related workshops throughout the state. She has 18 years of experience as an educator for an RN program.</p>	Member	<p>Deanna Lloyd, LPN Board Member Nebraska Board of Nursing</p> <p>Lloyd is a member of the Nebraska Board of Nursing. Lloyd's area of expertise is corrections and drug and alcohol addictions. She has more than 10 years of experience with crisis intervention and substance abuse.</p>
Member	<p>Tina "Gay" Allen, RN, DPA Director, Center for Nursing Alabama Board of Nursing</p> <p>Allen led the standardization process of nursing education curricula for practical and associate degree nursing for the Alabama College System. She served as State School Nurse Consultant and director of Health Programs for the Alabama State Department of Education. Continues to teach online graduate level courses in health management/public administration and undergraduate courses in academic strategies for various universities.</p>	Member	<p>Anita Ristau, MS, RN Executive Director Vermont State Board of Nursing</p> <p>Ristau is head of the nursing division, associate and upper division baccalaureate programs and professor emeritus at Norwich University in Vermont. She has 25 years of teaching experience and served as chair of NCSBN's Examination Committee.</p>
Member	<p>Wanda Neal Hooper, BSN, MSHSA, RN, CIC Board Member Tennessee Board of Nursing</p> <p>Hooper is responsible for compliance and accreditation standards as they relate to infectious disease for a 541-bed acute care facility. She provides educational presentations at the local and state level on topics related to infectious disease and professional nursing and health care policy. Hooper's additional areas of expertise include management and care coordination of the vascular and general surgery populations.</p>	Member	<p>Debra Scott, MS, RN, APN Executive Director Nevada State Board of Nursing</p> <p>Scott offers APN expertise as a nurse psychotherapist. Her experience includes 21 years of nursing practice in both acute care and residential settings. She has served as director of nursing and clinical services in both California and Nevada. Scott supervised all discipline and alternative program for CD Nurses for the Nevada State Board of Nursing as associate executive director. She maintained a private practice until 2002 as a nurse psychotherapist.</p>

Consultant David Swankin, BA, MS, JD

President and CEO

Citizen Advocacy Center

Swankin is a partner in the law firm of Swankin & Turner specializing in regulatory and administrative law. He served as a Commissioner on the Pew Health Professions Commission during 1997 and 1998. He served as a member on The Institute of Medicine (IOM) Committee that wrote the report *Health Professions Education: A Bridge to Quality* in 2003. Swankin was appointed Senior Fellow to the Center for the Health Professions, UCSF, in June 2003. He served as director of the Bureau of Labor Standards and Deputy Assistant Secretary, U.S. Department of Labor, in addition to the first executive director of the White House Office of Consumer Affairs in the mid-1960s. Swankin was a member of the original National Advisory Council to the Consumer Product Safety Commission, has served on the faculty of the University of Southern California (Washington, D.C. campus), and is a former member of the Board of Directors of the American Society for Testing and Materials. He is listed in *Who's Who in America*, and has received numerous public service awards.

Consultant Fran Hicks, PhD, RN, FAAN

Consultant

Institute for Credentialing Innovation

Hicks is a nurse leader providing guidance to public and private organizations in the areas of needs assessments, evaluation, strategic and program planning, leadership development, governance and document review. Her other consultations have included grant writing, research utilization, operationalization of peer review and outcome measurement. Before becoming an American Nurses Credentialing Center (ANCC) consultant, Hicks was professor and past assistant dean at the University of Portland School of Nursing with a special focus on leadership, nursing science and health policy.

APPENDIX D: CONTINUED COMPETENCE ACTIVITY STATEMENTS

Continued Competence Activity Statements				
Master #	Activity Statements	Common	Form 1	Form 2
1	Perform telephone triage to decide level or type of care needed		X	
2	Identify client's allergies	C	X	X
3	Participate in client's health promotion program/activities		X	
4	Participate in a health screening program for clients	C	X	X
5	Collect data for initial or admission health history		X	
6	Evaluate client's wound using a rating scale		X	
7	Identify client's use of coping mechanisms		X	
8	Identify factors that may affect client's recovery		X	
9	Evaluate client's potential for violence to self or others		X	
10	Identify signs and symptoms of substance abuse/chemical dependency, withdrawal or toxicity		X	
11	Identify factors that contribute to client's behavior or change in client's behavior		X	
12	Assess pain using a rating scale		X	
13	Perform focused risk assessment (e.g., developmental delay, potential for falls)		X	
14	Perform neurological or circulatory check		X	
15	Perform focused reassessment of client		X	
16	Identify abnormalities on a client's cardiac monitor strip		X	
17	Identify signs and symptoms of an infection		X	
18	Monitor diagnostic or laboratory test results		X	
19	Compare a client's development to norms	C	X	X
20	Contribute to the development of client's plan of care using data collected, technology and research			X
21	Update client's plan of care	C	X	X
22	Organize and prioritize care for assigned group of clients	C	X	X
23	Clarify prescription/order for a client			X
24	Assist client with/or perform activities of daily living (ADLs)			X
25	Monitor and provide for client's nutritional and hydration needs (e.g., intake/output)			X
26	Monitor height and weight			X
27	Provide care for clients with assistive devices (e.g., dentures, glasses, hearing aid, prosthesis, wheelchair)			X
28	Promote independence for clients with assistive devices			X
29	Orient client to environment upon admission			X
30	Take client's vital signs (e.g., temperature, pulse, blood pressure, respirations)	C	X	X
31	Provide nonpharmacological measures for pain relief (e.g., guided imagery, back massage, repositioning)			X
32	Apply and/or monitor use of restraints or seclusion		X	
33	Perform minor laboratory tests (e.g., urinalysis, strep, capillary blood glucose monitoring)		X	
34	Perform fetal heart monitoring	C	X	X
35	Provide pre-, intra- and post-natal care	C	X	X
36	Provide care that meets the special needs of clients based on their age	C	X	X
37	Use an alternative/complementary therapy (e.g., acupuncture, music therapy or herbal therapy)		X	

Continued Competence Activity Statements

Master #	Activity Statements	Common	Form 1	Form 2
38	Provide feeding through and/or care for client's gastrointestinal tube (g-tube), nasogastric (NG) tube, jejunal tube (j-tube)		X	
39	Evaluate and monitor arteriovenous (AV) shunt		X	
40	Provide care for a client with drainage device (e.g., wound drain, chest tube)	C	X	X
41	Intervene to improve client's elimination	C	X	X
42	Assist with central intravenous (IV) line		X	
43	Perform central line dressing change		X	
44	Insert peripheral intravenous (IV) line		X	
45	Perform bladder scan		X	
46	Provide cooling interventions for elevated temperature		X	
47	Insert urinary catheter		X	
48	Discontinue peripheral intravenous (IV) line		X	
49	Discontinue nasogastric (NG) tube		X	
50	Discontinue urinary catheter		X	
51	Perform wound care		X	
52	Collect specimen for diagnostic testing	C	X	X
53	Perform irrigation of urinary catheter, bladder, wound, ear, nose, eye		X	
54	Change/reinsert gastrointestinal tube (g-tube)		X	
55	Insert and monitor nasogastric (NG) tube		X	
56	Provide care to client in traction		X	
57	Perform emergency care procedures (e.g., cardiopulmonary resuscitation, automated external defibrillator (AED), Heimlich maneuver)		X	
58	Intervene to improve client's respiratory status (e.g., breathing treatment, suctioning, repositioning)		X	
59	Suction a client (e.g., oropharyngeal, nasopharyngeal, tracheostomy, endotracheal)		X	
60	Provide oxygen via the prescribed modality		X	
61	Provide tracheostomy care		X	
62	Remove sutures or staples		X	
63	Apply or remove immobilizing equipment (e.g., splint, brace)		X	
64	Perform an electrocardiogram (EKG/ECG)		X	
65	Perform peritoneal dialysis		X	
66	Perform hemodialysis		X	
67	Collect blood specimen (e.g., venipuncture/peripheral intravenous/central line)		X	
68	Provide care to client on ventilator		X	
69	Perform check of client's pacemaker		X	
70	Administer phototherapy treatment to newborn	C	X	X
71	Perform care for client before or after surgical procedure		X	
72	Monitor a client recovering from conscious/moderate sedation		X	
73	Perform active and passive range of motion with/without equipment		X	
74	Maintain client's intravenous (IV) site		X	
75	Monitor client for adverse reactions to treatments, procedures	C	X	X
76	Monitor continuous or intermittent suction of nasogastric (NG) tube		X	
77	Monitor client receiving transfusion of blood product			X
78	Initiate infusion of blood product			X

Continued Competence Activity Statements				
Master #	Activity Statements	Common	Form 1	Form 2
79	Administer medication by oral route	C	X	X
80	Administer medication by gastrointestinal tube			X
81	Administer a subcutaneous (SQ), intradermal or intramuscular (IM) medication			X
82	Administer medication via rectum, vagina, eye/ear/nose or topical route			X
83	Administer intravenous (IV) fluids	C	X	X
84	Administer medication through a peripheral intravenous (IV) line by intravenous piggyback (IVPB)			X
85	Administer medication by intravenous push (IVP)			X
86	Administer medication through a central venous catheter			X
87	Administer inhalation therapy (e.g., inhaler, nebulizer)			X
88	Administer total parenteral nutrition (TPN)			X
89	Evaluate client's response to medication	C	X	X
90	Follow the five rights of medication administration	C	X	X
91	Maintain current, accurate medication list or medication administration record (MAR)			X
92	Phone/fax client prescriptions to pharmacy			X
93	Follow facility policy governing narcotics/controlled substances			X
94	Include client/family in developing a plan of care			X
95	Provide end-of-life care for client/family			X
96	Provide family planning education			X
97	Assist client with expected life transition (e.g., attachment to newborn, parenting, puberty or retirement)	C	X	X
98	Recognize barriers to communication or learning			X
99	Encourage verbalization of concerns and questions			X
100	Provide emotional support to client/family	C	X	X
101	Promote client's positive self esteem			X
102	Participate in plan of care for a client with substance or nonsubstance related dependency			X
103	Participate in client's behavior management program			X
104	Provide a therapeutic environment	C	X	X
105	Identify reasons for noncompliance (e.g., finances, environmental stressors)			X
106	Participate in group therapy session	C	X	X
107	Assist client coping (e.g., grief/loss, abuse/neglect)			X
108	Provide care with consideration of client's spiritual/cultural/religious beliefs and values			X
109	Provide interventions to promote client's sleep/rest			X
110	Identify signs of abuse and neglect			X
111	Provide care for client with cognitive impairment or altered mental status	C	X	X
112	Discuss sexuality concerns with client (e.g., family planning, menopause, sexually transmitted disease (STD), erectile dysfunction)			X
113	Report or intervene to prevent unsafe practice of health care provider		X	
114	Assure safe functioning of client care equipment by identifying, reporting and/or removing unsafe equipment		X	
115	Use proper body mechanics when lifting and transferring		X	
116	Use universal/standard precautions	C	X	X
117	Identify and report hazardous conditions in work environment (e.g., OSHA, JCAHO)		X	
118	Use aseptic/sterile technique		X	
119	Follow protocol for timed client monitoring (e.g., suicide precautions, safety checks)		X	

Continued Competence Activity Statements

Master #	Activity Statements	Common	Form 1	Form 2
120	Use transfer assistive device (e.g., t-belt, slide board, mechanical lift)		X	
121	Provide for mobility needs (e.g., ambulation, transfers, repositioning, use of adaptive equipment)		X	
122	Intervene to maintain client's skin integrity	C	X	X
123	Manage/prevent complications related to client's condition	C	X	X
124	Provide intra-operative care (e.g., positioning client for surgery, maintaining sterile field, providing operative observation)		X	
125	Assist with the performance of invasive procedures		X	
126	Provide appropriate follow-up after an incident (e.g., fall, client elopement, medication error)		X	
127	Delegate or assign specific task to assistive personnel			X
128	Perform administrative duties (e.g., schedules, hiring, budget, monitor cost-effective care)			X
129	Provide input for performance evaluations of other staff			X
130	Recognize and manage staff conflict through appropriate use of chain of command			X
131	Advocate for client rights or needs			X
132	Use technology to communicate with client/health care team			X
133	Communicate change in client status	C	X	X
134	Refer client/family to appropriate resources			X
135	Assist in developing discharge/teaching plans	C	X	X
136	Provide written and verbal discharge instructions to client			X
137	Provide or participate in staff education/new employee orientation			X
138	Recognize task/assignment you are not prepared to perform and seek assistance			X
139	Discharge client to home or transfer client to another facility			X
140	Follow regulation/policy for reporting (e.g., abuse, neglect, gunshot wound or communicable disease)			X
141	Obtain client's signature on consent form			X
142	Maintain client confidentiality	C	X	X
143	Provide for privacy needs			X
144	Provide information about advance directives			X
145	Verify the identity of client			X
146	Remove client wound sutures or staples			X
147	Administer phototherapy treatment to newborn			X
148	Reinforce information about client condition to client/family			X
149	Use electronic medical record to document/retrieve clinical information			X
150	Use standing orders to provide care			X
151	Document client care using standard nomenclature and terminology (e.g., approved abbreviations)			X
152	Obtain/transcribe health care provider orders (e.g., verbal, telephone)			X
153	Provide shift report	C	X	X
154	Collaborate with health care team members (e.g., evaluate, recommend treatment modalities)			X
155	Recognize the need for and provide an interpreter			X
156	Assist client to compensate for sensory impairment			X
157	Participate in quality improvement initiatives			X
158	Provide post mortem care			X
159	Supervise care provided by others			X

APPENDIX E: LPN/VN CONTINUED COMPETENCE SURVEY FORMS 1 & 2

**NATIONAL COUNCIL OF STATE BOARDS OF NURSING (NCSBN®)
LICENSED PRACTICAL AND VOCATIONAL NURSE (LPN/VN)
CONTINUED COMPETENCE STUDY FORM 1**

INSTRUCTIONS

Please read each question carefully and respond by filling in the oval of the response that most closely represents your answer. Most questions have several alternative answers. Choose the answer that best applies to your practice and fill in the appropriate oval(s). A few questions ask you to write in information. Print your answer legibly in the space provided following the question.

You will notice that many questions ask you to report what you did on your **typical day**. Whether you are supervising, teaching or directly practicing, choose the answer that best applies to your practice on a **typical day of work**. If you have multiple roles (teaching, staffing), please respond for your primary role only and be consistent!

For the purposes of this study, "client" can be an individual, individual plus family/significant other, an aggregate/group, or community/population. "Clients" are the same as "residents" or "patients."

Your answers will be kept confidential. Your individual responses to the questions will not be released.

MARKING INSTRUCTIONS:

- Use a No. 2 pencil only.
- Do not use pens.
- Make heavy dark marks that fill the oval completely.
- If you want to change an answer, erase completely.

RIGHT MARK

WRONG MARKS

**SECTION 1: DEMOGRAPHICS**

1. How many years of work experience do you have as an LPN/VN?

Example: 8 years is represented as "08"

Example:

0	8
<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

 Years

Total number of years experience as an LPN/VN

<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

 Years

2. Are you currently enrolled in a registered nurse education program?

Yes
 No

3. What is the highest level of education you have completed? (*Select only ONE answer*)

High School
 Vocational/Technical certificate
 Associate degree
 Baccalaureate degree
 Master degree
 Doctorate degree
 Other (*Please specify*) _____

4. Which of the following **best** describes your racial/ethnic background? (*Select only ONE answer*)

Pacific Islander
 Asian Indian
 Asian Other
 African American
 Hispanic
 Native American
 White Not Of Hispanic Origin
 Other (*Please specify*) _____

continued →

PLEASE DO NOT WRITE IN THIS AREA



SECTION 1: DEMOGRAPHICS (Continued)

5. What is your age in years?

		Years
0	0	
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

6. What is your gender?

- Male
- Female

7. Are you currently employed as an LPN/VN?

- Yes
- No → Skip to Section 4:
Awards and Comments

8. On average, how many continuing education contact hours do you earn each year regardless of whether or not your jurisdiction requires them?

Number of CE contact hours per year

		Hours
0	0	
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

9. Which of the following specialty certificates do you currently hold? (**Select ALL that apply**)

Specialty Certificate	National	Institutional
Advanced Cardiac Life Support	<input type="radio"/>	<input type="radio"/>
Basic Life Support	<input type="radio"/>	<input type="radio"/>
Chemotherapy	<input type="radio"/>	<input type="radio"/>
Geriatric Care	<input type="radio"/>	<input type="radio"/>
Hospice Care	<input type="radio"/>	<input type="radio"/>
Infection Control	<input type="radio"/>	<input type="radio"/>
Intravenous Therapy	<input type="radio"/>	<input type="radio"/>
Long Term Care	<input type="radio"/>	<input type="radio"/>
Neonatal Resuscitation Program (NRP)	<input type="radio"/>	<input type="radio"/>
Pediatric Advanced Life Support (PALS)	<input type="radio"/>	<input type="radio"/>
Pharmacology	<input type="radio"/>	<input type="radio"/>
Rehabilitation	<input type="radio"/>	<input type="radio"/>
Telemetry	<input type="radio"/>	<input type="radio"/>
Wound Care	<input type="radio"/>	<input type="radio"/>
Other (<i>Please specify</i>) _____	<input type="radio"/>	<input type="radio"/>

SECTION 2: WORK ENVIRONMENT

1. In a **typical week**, how many hours a week do you work as an LPN/VN?

Hours worked **per week**

		Hours
0	0	
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

2. On average, how many hours do you work on a **typical day of work (shift)**?

Hours worked **per day or shift**

		Hours
0	0	
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

continued →

SECTION 3: NURSING ACTIVITIES PERFORMED

INSTRUCTIONS: This section contains a list of activities descriptive of nursing practices in a variety of settings. Some activities may not apply to your position or setting. **For each activity two questions are asked:**

EXAMPLES	A-FREQUENCY				B-IMPORTANCE					
<p>A. Frequency: If an activity does <u>not</u> apply to your work setting, mark "N Never Performed In Work Setting" then move to the next activity.</p> <p>If an activity <u>is performed</u> in your work setting, mark a rating of 0 to 4 to reflect the frequency of performing the activity on a <u>typical day of work</u> then complete Question B.</p> <p>B. Importance: Rate the overall importance of the activity in LPN/VN practice.</p>	N Never Performed In Work Setting	0 Typically Performed Less Than 1 Time in Work Setting	1 Time	2 Times	3 Times	4 Times or more	1 Not Important	2 Somewhat Important	3 Important	4 Extremely Important
<p>If you typically provide pre-natal care less than 1 time per shift and believe the activity is important, fill in the answers as shown in the example</p> <p>1. Provide pre-natal care</p>	N	0	1	2	3	4	1	2	3	4
<p>If you lead group therapy sessions 4 or more times and believe the activity is somewhat important, fill in the answers as shown in the example</p> <p>2. Lead group therapy sessions</p>	N	0	1	2	3	4	1	2	3	4

NOTE: Inclusion of an activity on this practice analysis questionnaire does not imply that the activity is or would be included in the LPN/VN scope of practice defined by any specific state.

You must refer to your local board of nursing for information about your scope of practice.

PROVIDE A FREQUENCY AND IMPORTANCE RATING FOR EACH ACTIVITY	A-FREQUENCY				B-IMPORTANCE					
<p>A. Frequency: If an activity does <u>not</u> apply to your work setting, mark "N Never Performed In Work Setting" then move to the next activity.</p> <p>If an activity <u>is performed</u> in your work setting, mark a rating of 0 to 4 to reflect the frequency of performing the activity on a <u>typical day of work</u> then complete Question B.</p> <p>B. Importance: Rate the overall importance of the activity in LPN/VN practice.</p>	N Never Performed In Work Setting	0 Typically Performed Less Than 1 Time in Work Setting	1 Time	2 Times	3 Times	4 Times or more	1 Not Important	2 Somewhat Important	3 Important	4 Extremely Important
1. Perform telephone triage to decide level or type of care needed	0	1	2	3	4	1	2	3	4	
2. Identify client allergies	0	1	2	3	4	1	2	3	4	
3. Participate in client health promotion program/activities	0	1	2	3	4	1	2	3	4	
4. Participate in a health screening program for clients	0	1	2	3	4	1	2	3	4	
5. Collect data for initial or admission health history	0	1	2	3	4	1	2	3	4	
6. Evaluate client wound using a rating scale	0	1	2	3	4	1	2	3	4	
7. Identify client use of coping mechanisms	0	1	2	3	4	1	2	3	4	
8. Identify factors that may affect client recovery	0	1	2	3	4	1	2	3	4	
9. Identify client potential for violence to self or others	0	1	2	3	4	1	2	3	4	
10. Identify signs and symptoms of substance abuse/chemical dependency, withdrawal or toxicity	0	1	2	3	4	1	2	3	4	
11. Identify factors that contribute to client behavior or change in client behavior	0	1	2	3	4	1	2	3	4	
12. Assess pain using a rating scale	0	1	2	3	4	1	2	3	4	
13. Perform focused risk assessment (e.g., developmental delay, potential for falls)	0	1	2	3	4	1	2	3	4	
14. Perform neurological or circulatory check	0	1	2	3	4	1	2	3	4	
15. Perform focused re-assessment of client	0	1	2	3	4	1	2	3	4	
16. Identify abnormalities on client cardiac monitor strip	0	1	2	3	4	1	2	3	4	
17. Identify signs and symptoms of an infection	0	1	2	3	4	1	2	3	4	
18. Monitor diagnostic or laboratory test results	0	1	2	3	4	1	2	3	4	
19. Compare client development to norms	0	1	2	3	4	1	2	3	4	
20. Update client plan of care	0	1	2	3	4	1	2	3	4	
21. Organize and prioritize care for assigned group of clients	0	1	2	3	4	1	2	3	4	
22. Take client vital signs (e.g., temperature, pulse, blood pressure, respirations)	0	1	2	3	4	1	2	3	4	
23. Apply and/or monitor use of restraints or seclusion	0	1	2	3	4	1	2	3	4	
24. Perform minor laboratory tests (e.g., urinalysis, strep, capillary blood glucose monitoring)	0	1	2	3	4	1	2	3	4	
25. Perform fetal heart monitoring	0	1	2	3	4	1	2	3	4	
26. Provide pre-, intra- and post-natal care	0	1	2	3	4	1	2	3	4	
27. Provide care based on client age	0	1	2	3	4	1	2	3	4	
28. Use an alternative/complementary therapy (e.g., acupressure, music therapy or herbal therapy)	0	1	2	3	4	1	2	3	4	
29. Provide feeding through and/or care for client gastrointestinal tube (g-tube), nasogastric (NG) tube, jejunal tube (j-tube)	0	1	2	3	4	1	2	3	4	
30. Evaluate and monitor arteriovenous (AV) shunt	0	1	2	3	4	1	2	3	4	
31. Provide care for a client with drainage device (e.g., wound drain, chest tube)	0	1	2	3	4	1	2	3	4	
32. Intervene to improve client elimination	0	1	2	3	4	1	2	3	4	

PROVIDE A FREQUENCY AND IMPORTANCE RATING FOR EACH ACTIVITY	A-FREQUENCY				B-IMPORTANCE					
	N Never Performed In Work Setting	0 Typically Performed Less Than 1 Time in Work Setting	1 Time	2 Times	3 Times	4 Times or more	1 Not Important	2 Somewhat Important	3 Important	4 Extremely Important
A. Frequency: If an activity does not apply to your work setting, mark "N Never Performed In Work Setting" then move to the next activity.										
If an activity is performed in your work setting, mark a rating of 0 to 4 to reflect the frequency of performing the activity on a <u>typical day of work</u> then complete Question B.										
B. Importance: Rate the overall importance of the activity in LPN/VN practice.										
33. Assist with central intravenous (IV) line	()	()	()	()	()	()	()	()	()	()
34. Perform central line dressing change	()	()	()	()	()	()	()	()	()	()
35. Insert peripheral intravenous (IV) line	()	()	()	()	()	()	()	()	()	()
36. Perform bladder scan	()	()	()	()	()	()	()	()	()	()
37. Provide cooling interventions for elevated temperature	()	()	()	()	()	()	()	()	()	()
38. Insert urinary catheter	()	()	()	()	()	()	()	()	()	()
39. Discontinue peripheral intravenous (IV) line	()	()	()	()	()	()	()	()	()	()
40. Discontinue nasogastric (NG) tube	()	()	()	()	()	()	()	()	()	()
41. Discontinue urinary catheter	()	()	()	()	()	()	()	()	()	()
42. Perform wound care	()	()	()	()	()	()	()	()	()	()
43. Collect specimen for diagnostic testing	()	()	()	()	()	()	()	()	()	()
44. Perform irrigation of urinary catheter, bladder, wound, ear, nose, eye	()	()	()	()	()	()	()	()	()	()
45. Change/re-insert gastrointestinal tube (g-tube)	()	()	()	()	()	()	()	()	()	()
46. Insert and monitor nasogastric (NG) tube	()	()	()	()	()	()	()	()	()	()
47. Provide care to client in traction	()	()	()	()	()	()	()	()	()	()
48. Perform emergency care procedures (e.g., cardiopulmonary resuscitation, automated external defibrillator (AED), Heimlich maneuver)	()	()	()	()	()	()	()	()	()	()
49. Intervene to improve client respiratory status (e.g., breathing treatment, suctioning, repositioning)	()	()	()	()	()	()	()	()	()	()
50. Suction a client (e.g., oropharyngeal, nasopharyngeal, tracheostomy, endotracheal)	()	()	()	()	()	()	()	()	()	()
51. Provide oxygen via the prescribed modality	()	()	()	()	()	()	()	()	()	()
52. Provide tracheostomy care	()	()	()	()	()	()	()	()	()	()
53. Remove sutures or staples	()	()	()	()	()	()	()	()	()	()
54. Apply or remove immobilizing equipment (e.g., splint, brace)	()	()	()	()	()	()	()	()	()	()
55. Perform an electrocardiogram (EKG/ECG)	()	()	()	()	()	()	()	()	()	()
56. Perform peritoneal dialysis	()	()	()	()	()	()	()	()	()	()
57. Perform hemodialysis	()	()	()	()	()	()	()	()	()	()
58. Collect blood specimen (e.g., venipuncture/peripheral intravenous/central line)	()	()	()	()	()	()	()	()	()	()
59. Provide care to client on ventilator	()	()	()	()	()	()	()	()	()	()
60. Perform check of client pacemaker	()	()	()	()	()	()	()	()	()	()
61. Administer phototherapy treatment to newborn	()	()	()	()	()	()	()	()	()	()
62. Perform care for client before or after surgical procedure	()	()	()	()	()	()	()	()	()	()
63. Monitor a client recovering from conscious/moderate sedation	()	()	()	()	()	()	()	()	()	()
64. Perform active and passive range of motion with/without equipment	()	()	()	()	()	()	()	()	()	()
65. Maintain client intravenous (IV) site	()	()	()	()	()	()	()	()	()	()
66. Monitor client for adverse reactions to treatments, procedures	()	()	()	()	()	()	()	()	()	()
67. Monitor continuous or intermittent suction of nasogastric (NG) tube	()	()	()	()	()	()	()	()	()	()
68. Administer medication by oral route	()	()	()	()	()	()	()	()	()	()
69. Administer intravenous (IV) fluids	()	()	()	()	()	()	()	()	()	()
70. Evaluate client response to medication	()	()	()	()	()	()	()	()	()	()
71. Follow the five rights of medication administration	()	()	()	()	()	()	()	()	()	()
72. Assist client with expected life transition (e.g., attachment to newborn, parenting, puberty or retirement)	()	()	()	()	()	()	()	()	()	()
73. Provide emotional support client/family	()	()	()	()	()	()	()	()	()	()
74. Provide a therapeutic environment	()	()	()	()	()	()	()	()	()	()
75. Participate in group therapy session	()	()	()	()	()	()	()	()	()	()
76. Provide care for client with cognitive impairment or altered mental status	()	()	()	()	()	()	()	()	()	()
77. Report or intervene to prevent unsafe practice of health care provider	()	()	()	()	()	()	()	()	()	()
78. Assure safe functioning of client care equipment by identifying, reporting, and/or removing unsafe equipment	()	()	()	()	()	()	()	()	()	()
79. Use proper body mechanics when lifting and transferring	()	()	()	()	()	()	()	()	()	()
80. Use universal/standard precautions	()	()	()	()	()	()	()	()	()	()
81. Identify and report hazardous conditions in work environment (e.g., OSHA, JCAHO)	()	()	()	()	()	()	()	()	()	()
82. Use aseptic/sterile technique	()	()	()	()	()	()	()	()	()	()
83. Follow protocol for timed client monitoring (e.g., suicide precautions, safety checks)	()	()	()	()	()	()	()	()	()	()
84. Use transfer assistive device (e.g., t-belt, slide board, mechanical lift)	()	()	()	()	()	()	()	()	()	()
85. Provide for mobility needs (e.g., ambulation, transfers, repositioning, use of adaptive equipment)	()	()	()	()	()	()	()	()	()	()
86. Intervene to maintain client skin integrity	()	()	()	()	()	()	()	()	()	()
87. Manage/prevent complications related to client condition	()	()	()	()	()	()	()	()	()	()
88. Provide intra-operative care (e.g., positioning client for surgery, maintaining sterile field, providing operative observation)	()	()	()	()	()	()	()	()	()	()
89. Assist with the performance of invasive procedures	()	()	()	()	()	()	()	()	()	()
90. Provide appropriate follow-up after an incident (e.g., fall, client elopement, medication error)	()	()	()	()	()	()	()	()	()	()
91. Communicate change in client status	()	()	()	()	()	()	()	()	()	()
92. Assist in developing discharge/teaching plans	()	()	()	()	()	()	()	()	()	()
93. Maintain client confidentiality	()	()	()	()	()	()	()	()	()	()
94. Provide shift report	()	()	()	()	()	()	()	()	()	()

continued →

SECTION 1: DEMOGRAPHICS (Continued)

5. What is your age in years?

		Years
0	0	
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

6. What is your gender?

Male
 Female

7. Are you currently employed as an LPN/VN?

Yes
 No → **Skip to Section 4:
Awards and Comments**

8. On average, how many continuing education contact hours do you earn each year regardless of whether or not your jurisdiction requires them?

Number of CE contact hours per year

		Hours
0	0	
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

9. Which of the following specialty certificates do you currently hold? (**Select ALL that apply**)

Specialty Certificate	National	Institutional
Advanced Cardiac Life Support	<input type="radio"/>	<input type="radio"/>
Basic Life Support	<input type="radio"/>	<input type="radio"/>
Chemotherapy	<input type="radio"/>	<input type="radio"/>
Geriatric Care	<input type="radio"/>	<input type="radio"/>
Hospice Care	<input type="radio"/>	<input type="radio"/>
Infection Control	<input type="radio"/>	<input type="radio"/>
Intravenous Therapy	<input type="radio"/>	<input type="radio"/>
Long Term Care	<input type="radio"/>	<input type="radio"/>
Neonatal Resuscitation Program (NRP)	<input type="radio"/>	<input type="radio"/>
Pediatric Advanced Life Support (PALS)	<input type="radio"/>	<input type="radio"/>
Pharmacology	<input type="radio"/>	<input type="radio"/>
Rehabilitation	<input type="radio"/>	<input type="radio"/>
Telemetry	<input type="radio"/>	<input type="radio"/>
Wound Care	<input type="radio"/>	<input type="radio"/>
Other (<i>Please specify</i>) _____	<input type="radio"/>	<input type="radio"/>

SECTION 2: WORK ENVIRONMENT

1. In a **typical week**, how many hours a week do you work as an LPN/VN?

Hours worked **per week**

		Hours
0	0	
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

2. On average, how many hours do you work on a **typical day of work (shift)**?

Hours worked **per day or shift**

		Hours
0	0	
1	1	
2	2	
3	3	
4	4	
5	5	
6	6	
7	7	
8	8	
9	9	

continued →

SECTION 2: WORK ENVIRONMENT (Continued)

3. Which of the following **best** describes your primary specialty area on a **typical day** you worked? **(Select only ONE answer)**

- Case management
 Critical care (e.g., ICU, CCU, and step-down units)
 Education
 Emergency Department
 Hospice care/Palliative Care
 Maternal newborn
 Medical-surgical unit or any of its sub-specialties (e.g., oncology, orthopedics, neurology)
 Non-clinical setting
 Nursing home, skilled or intermediate care
 Occupational health
 Operating Room (PACU, Pre-Op)
 Other long term care (e.g., residential care, developmental disability care)
 Pediatrics
 Pediatric/neonatal intensive care
 Physician/APRN/dentist's office
 Psychiatry or any of its sub-specialties (e.g., detox)
 Rehabilitation
 School/College Health Setting
 Telehealth
 Other (Please specify) _____

4. Which of the following **best** describes the primary type of facility/organization in which you work? **(Select only ONE answer)**

- Hospital
 Long-term care facility
 Community-based or Ambulatory care facility/organization (e.g., private sector, physician/APRN/dentist's office, school, correctional facility, group home)
 Public Health Department
 Home Health
 Other (Please specify) _____

5. Which of the following **best** describes the state or territory of your employment setting? **(Select only ONE answer)**

- AK KY NY American Samoa
 AL LA OH Guam
 AR MA OK Northern Mariana Islands
 AZ MD OR Puerto Rico
 CA ME PA Virgin Islands
 CO MI RI Not U.S. state or territory
 CT MN SC
 DC MO SD
 DE MS TN
 FL MT TX
 GA NC UT
 HI ND VA
 IA NE VT
 ID NH WA
 IL NJ WI
 IN NM WV
 KS NV WY

6. Which of the following **best** describes the ages of **most** of the clients to whom you provide care in your work setting(s)? **(Select ALL that apply)**

- Newborns (less than 1 month)
 Infants/children (1 month-12 years)
 Adolescents (ages 13-18)
 Young adults (ages 19-30)
 Adults (ages 31-64)
 Older Adults (ages 65-85)
 Older Adults (over the age of 85)

7. Which of the following **best** describes **most** of the clients to whom you provide care in your work setting(s)? **(Select ALL that apply)**

- Well clients, possibly with minor illnesses
 OB (Maternity) clients
 Clients with stabilized chronic conditions
 Clients with unstabilized chronic conditions
 Clients with acute conditions, including clients with medical, surgical or critical conditions
 Clients at end of life
 Clients with behavior/emotional problems
 Other (Please specify) _____

8. On average, how many clients do you provide care for during a **typical day** ?

Number of clients

Grid for selecting number of clients from 0 to 99.

PLEASE DO NOT WRITE IN THIS AREA

Series of circles for marking answers.

SECTION 3: NURSING ACTIVITIES PERFORMED

INSTRUCTIONS: This section contains a list of activities descriptive of nursing practices in a variety of settings. Some activities may not apply to your position or setting. **For each activity two questions are asked:**

EXAMPLES	A-FREQUENCY				B-IMPORTANCE				
<p>A. Frequency: If an activity <u>does not apply</u> to your work setting, mark "N Never Performed In Work Setting" then move to the next activity.</p> <p>If an activity is <u>performed</u> in your work setting, mark a rating of 0 to 4 to reflect the frequency of performing the activity on a <u>typical day of work</u> then complete Question B.</p> <p>B. Importance: Rate the overall importance of the activity in LPN/VN practice.</p>	N Never Performed In Work Setting	1 Typically Performed Less Than 1 Time in Work Setting	2 Times	3 Times	4 Times or more	1 Not Important	2 Somewhat Important	3 Important	4 Extremely Important
If you typically provide pre-natal care less than 1 time per shift and believe the activity is important , fill in the answers as shown in the example	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
1. Provide pre-natal care	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
If you lead group therapy sessions 4 or more times and believe the activity is somewhat important , fill in the answers as shown in the example	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
2. Lead group therapy sessions	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)

NOTE: Inclusion of an activity on this practice analysis questionnaire does not imply that the activity is or would be included in the LPN/VN scope of practice defined by any specific state.

You must refer to your local board of nursing for information about your scope of practice.

PROVIDE A FREQUENCY AND IMPORTANCE RATING FOR EACH ACTIVITY	A-FREQUENCY				B-IMPORTANCE				
<p>A. Frequency: If an activity <u>does not apply</u> to your work setting, mark "N Never Performed In Work Setting" then move to the next activity.</p> <p>If an activity is <u>performed</u> in your work setting, mark a rating of 0 to 4 to reflect the frequency of performing the activity on a <u>typical day of work</u> then complete Question B.</p> <p>B. Importance: Rate the overall importance of the activity in LPN/VN practice.</p>	N Never Performed In Work Setting	1 Typically Performed Less Than 1 Time a Shift Setting	2 Times	3 Times	4 Times or more	1 Not Important	2 Somewhat Important	3 Important	4 Extremely Important
1. Identify client allergies	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
2. Participate in health screening program for clients	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
3. Compare client development to norms	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
4. Contribute to the development of client plan of care using data collected, technology and research	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
5. Update client plan of care	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
6. Organize and prioritize care for assigned group of clients	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
7. Clarify prescription/order for a client	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
8. Assist client with/or perform activities of daily living (ADLs)	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
9. Monitor and provide for client nutritional and hydration needs (e.g., intake/output)	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
10. Monitor height and weight	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
11. Provide care for client with assistive devices (e.g., dentures, glasses, hearing aid, prosthesis, wheelchair)	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
12. Promote independence for clients with assistive devices	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
13. Orient client to environment upon admission	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
14. Take client vital signs (e.g., temperature, pulse, blood pressure, respirations)	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
15. Provide non-pharmacological measures for pain relief (e.g., guided imagery, back massage, repositioning)	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
16. Perform fetal heart monitoring	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
17. Provide pre-, intra- and post-natal care	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
18. Provide care based on client age	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
19. Provide care for a client with drainage device (e.g., wound drain, chest tube)	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
20. Intervene to improve client elimination	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
21. Collect specimen for diagnostic testing	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
22. Administer phototherapy treatment to newborn	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
23. Monitor client for adverse reactions to treatments, procedures	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
24. Monitor client receiving transfusion of blood product	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
25. Initiate infusion of blood product	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
26. Administer medication by oral route	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
27. Administer medication by gastrointestinal tube	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
28. Administer a subcutaneous (SQ), intradermal, or intramuscular (IM) medication	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
29. Administer medication via rectum, vagina, eye/ear/nose, or topical route	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
30. Administer intravenous (IV) fluids	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
31. Administer medication through a peripheral intravenous (IV) line by intravenous piggyback (IVPB)	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)
32. Administer medication by intravenous push (IVP)	(N)	(0)	(1)	(2)	(3)	(4)	(1)	(2)	(3)

PROVIDE A FREQUENCY AND IMPORTANCE RATING FOR EACH ACTIVITY	A-FREQUENCY					B-IMPORTANCE				
<p>A. Frequency: If an activity <u>does not</u> apply to your work setting, mark "N Never Performed In Work Setting" then move to the next activity.</p> <p>If an activity <u>is performed</u> in your work setting, mark a rating of 0 to 4 to reflect the frequency of performing the activity on a typical day of work then complete Question B.</p> <p>B. Importance: Rate the overall importance of the activity in LPN/VN practice.</p>	N Never Performed In Work Setting	0 Typically Performed Less Than 1 Time in Work Setting	1 Time	2 Times	3 Times	4 Times or more	1 Not Important	2 Somewhat Important	3 Important	4 Extremely Important
	33. Administer medication through a central venous catheter	N	0	1	2	3	4	1	2	3
34. Administer inhalation therapy (e.g., inhaler, nebulizer)	N	0	1	2	3	4	1	2	3	4
35. Administer total parenteral nutrition (TPN)	N	0	1	2	3	4	1	2	3	4
36. Evaluate client response to medication	N	0	1	2	3	4	1	2	3	4
37. Follow the five rights of medication administration	N	0	1	2	3	4	1	2	3	4
38. Maintain current, accurate medication list or medication administration record (MAR)	N	0	1	2	3	4	1	2	3	4
39. Phone/fax client prescriptions to pharmacy	N	0	1	2	3	4	1	2	3	4
40. Follow facility policy governing narcotics/controlled substances	N	0	1	2	3	4	1	2	3	4
41. Include client/family in developing a plan of care	N	0	1	2	3	4	1	2	3	4
42. Provide end of life care for client/family	N	0	1	2	3	4	1	2	3	4
43. Provide family planning education	N	0	1	2	3	4	1	2	3	4
44. Assist client with expected life transition (e.g., attachment to newborn, parenting, puberty or retirement)	N	0	1	2	3	4	1	2	3	4
45. Recognize barriers to communication or learning	N	0	1	2	3	4	1	2	3	4
46. Encourage verbalization of concerns and questions	N	0	1	2	3	4	1	2	3	4
47. Provide emotional support to client/family	N	0	1	2	3	4	1	2	3	4
48. Promote client positive self-esteem	N	0	1	2	3	4	1	2	3	4
49. Participate in plan of care for a client with substance or non-substance related dependency	N	0	1	2	3	4	1	2	3	4
50. Participate in client behavior management program	N	0	1	2	3	4	1	2	3	4
51. Provide a therapeutic environment	N	0	1	2	3	4	1	2	3	4
52. Identify reasons for non-compliance (e.g., finances, environmental stressors)	N	0	1	2	3	4	1	2	3	4
53. Participate in group therapy session	N	0	1	2	3	4	1	2	3	4
54. Assist client coping (e.g., grief/loss, abuse/neglect)	N	0	1	2	3	4	1	2	3	4
55. Provide care with consideration of clients spiritual/cultural/religious beliefs and values	N	0	1	2	3	4	1	2	3	4
56. Provide interventions to promote client sleep/rest	N	0	1	2	3	4	1	2	3	4
57. Identify signs of abuse and neglect	N	0	1	2	3	4	1	2	3	4
58. Provide care for client with cognitive impairment or altered mental status	N	0	1	2	3	4	1	2	3	4
59. Discuss sexuality concerns with client (e.g., family planning, menopause, sexually transmitted disease (STD), erectile dysfunction)	N	0	1	2	3	4	1	2	3	4
60. Use universal/standard precautions	N	0	1	2	3	4	1	2	3	4
61. Intervene to maintain client skin integrity	N	0	1	2	3	4	1	2	3	4
62. Manage/prevent complications related to client condition	N	0	1	2	3	4	1	2	3	4
63. Delegate or assign specific task to assistive personnel	N	0	1	2	3	4	1	2	3	4
64. Perform administrative duties (e.g., schedules, hiring, budget, monitor cost-effective care)	N	0	1	2	3	4	1	2	3	4
65. Provide input for performance evaluations of other staff	N	0	1	2	3	4	1	2	3	4
66. Recognize and manage staff conflict through appropriate use of chain of command	N	0	1	2	3	4	1	2	3	4
67. Advocate for client rights or needs	N	0	1	2	3	4	1	2	3	4
68. Use technology to communicate with client/healthcare team	N	0	1	2	3	4	1	2	3	4
69. Communicate change in client status	N	0	1	2	3	4	1	2	3	4
70. Refer client/family to appropriate resources	N	0	1	2	3	4	1	2	3	4
71. Assist in developing discharge/teaching plans	N	0	1	2	3	4	1	2	3	4
72. Provide written and verbal discharge instructions to client	N	0	1	2	3	4	1	2	3	4
73. Provide or participate in staff education/new employee orientation	N	0	1	2	3	4	1	2	3	4
74. Recognize task/assignment you are not prepared to perform and seek assistance	N	0	1	2	3	4	1	2	3	4
75. Discharge client to home or transfer client to another facility	N	0	1	2	3	4	1	2	3	4
76. Follow regulation/policy for reporting (e.g., abuse, neglect, gunshot wound, or communicable disease)	N	0	1	2	3	4	1	2	3	4
77. Obtain client signature on consent form	N	0	1	2	3	4	1	2	3	4
78. Maintain client confidentiality	N	0	1	2	3	4	1	2	3	4
79. Provide for privacy needs	N	0	1	2	3	4	1	2	3	4
80. Provide information about advance directives	N	0	1	2	3	4	1	2	3	4
81. Verify the identity of client	N	0	1	2	3	4	1	2	3	4
82. Participate in preparation for internal and external disasters	N	0	1	2	3	4	1	2	3	4
83. Provide information for prevention of high risk behaviors	N	0	1	2	3	4	1	2	3	4
84. Reinforce information about client condition to client/family	N	0	1	2	3	4	1	2	3	4
85. Use electronic medical record to document/retrieve clinical information	N	0	1	2	3	4	1	2	3	4
86. Use standing orders to provide care	N	0	1	2	3	4	1	2	3	4
87. Document client care using standard nomenclature and terminology (e.g., approved abbreviations)	N	0	1	2	3	4	1	2	3	4
88. Obtain/transcribe healthcare provider orders (e.g., verbal, telephone)	N	0	1	2	3	4	1	2	3	4
89. Provide shift report	N	0	1	2	3	4	1	2	3	4
90. Collaborate with healthcare team members (e.g., evaluate, recommend treatment modalities)	N	0	1	2	3	4	1	2	3	4
91. Recognize the need for and provide an interpreter	N	0	1	2	3	4	1	2	3	4
92. Assist client to compensate for sensory impairment	N	0	1	2	3	4	1	2	3	4
93. Participate in quality improvement initiatives	N	0	1	2	3	4	1	2	3	4
94. Provide post mortem care	N	0	1	2	3	4	1	2	3	4
95. Supervise care provided by others	N	0	1	2	3	4	1	2	3	4

continued →

APPENDIX F: ANNOUNCEMENT POSTCARDS

Announcement Postcard



312.279.1036 Testing Services fax

Dear Colleague:

You have an invitation and unique opportunity to participate in a nationwide research study on the practice characteristics and activities of experienced licensed practical/vocational nurses (LPN/VNs). The study is being conducted by the National Council of State Boards of Nursing (NCSBN™). You have been selected to participate in the study because you are an experienced LPN/VN. Your feedback is essential to this process as it will ensure that the practices of a wide range of experienced LPN/VNs are truly represented.

In about a week, you will be receiving a questionnaire in the mail. It consists of questions regarding the activities you perform at work. Because there are so many different types of practice and employment settings, it is extremely important that those selected decide to participate by returning a completed questionnaire. Your decision to participate is voluntary. **Responses are completely confidential, and only information that describes groups of participants will be reported.**

Please take this opportunity to make a difference and contribute to the nursing profession. In appreciation for your participation, you will receive:

- an opportunity to win one (1) of forty (40) \$100 cash prizes
- a 10% discount on all internet courses offered by NCSBN (access learningext.com to see available courses)
- an opportunity to enter a drawing to win a free internet course
- a letter of recognition that you can submit to your supervisor
- an opportunity to receive a summary of the findings

If you have any questions, please contact NCLEX information at 866-293-9600 (toll free) or email nclexinfo@ncsbn.org. Thank you in advance for your participation!

Sincerely,

Cover Letter Mailed With Survey

November 14, 2005



Dear Colleague:

You have been selected to participate in a very important national study. The National Council of State Boards of Nursing (NCSBN[®]) is interested in understanding the practice nursing activities of licensed practical/vocational (LPN/VN) nurses. This study will assist NCSBN to describe post entry-level nursing practice and to understand the interface between entry-level practice and continued competence in practice.

Your name was selected at random, by a process designed to obtain a representative sample of licensed practical/vocational nurses from all parts of the United States and its territories. Your participation is critical to the outcome of the study. It is vital that we receive surveys describing the practices of nurses from all areas of the country and working in all types of health care agencies and settings. Please complete the enclosed questionnaire as soon as possible—preferably this week—and return it in the enclosed postage-paid envelope. If you are currently not working in nursing, please indicate this on the questionnaire, and then return the questionnaire in the envelope provided.

Your decision to participate is voluntary. The identification number printed on the questionnaire will be used only to record that the questionnaire has been returned. Individual responses will be kept completely confidential and only data that summarize groups of participants will be reported. Your responses will be combined with those from other participants and used to describe the practice of licensed practical/vocational nurses across practice settings, specialty areas and years of experience.

We hope you take advantage of this unique opportunity to contribute to the nursing profession by completing the questionnaire. Please take the time to make a difference. In appreciation for your participation, you will receive:

- an opportunity to win one (1) of forty (40) \$100 cash prizes
- a 10% discount on all internet courses offered by NCSBN (access learningext.com to see available courses)
- an opportunity to enter a drawing to win a free internet course
- a letter of recognition that you can submit to your supervisor
- an opportunity to receive a summary of the findings


If you have any questions, please contact NCLEX information at 866-293-9600 (toll free number) or e-mail nclexinfo@ncsbn.org. Thank you in advance for your participation! We look forward to receiving your completed questionnaire.

Sincerely,


Testing Services Department

National Council of State Boards of Nursing

Postcard Reminder 1

 NCSBN <i>Leading in Nursing Regulation</i>	National Council of State Boards of Nursing, Inc. 111 E. Wacker Drive, Suite 2900 Chicago, IL 60601-4277 312.525.3600 NCSBN 866.293.9600 Toll-free 312.279.1036 Testing Services fax
<p>Dear Colleague:</p>	
<p>Last week the National Council of State Boards of Nursing (NCSBN™) sent you a questionnaire asking for information about your work experiences as an experienced LPN/VN. If you have already completed and returned the questionnaire, please accept our sincere thanks and disregard this and any future reminders.</p>	
<p>If you haven't had a chance to complete it yet, please try to do so in the next few days. Only a small, representative sample of practicing LPN/VNs was selected for participation in this study. Therefore, your input is especially important if NCSBN is to accurately describe the practice of LPN/VNs. If you did not receive the questionnaire or have misplaced it, please contact NCLEX information at 866 293 9600 (toll free number) or email nclexinfo@ncsbn.org, and you will be sent a replacement.</p>	
<p>Testing Services Department National Council of State Boards of Nursing</p>	

Postcard Reminder 2

 NCSBN <i>Leading in Nursing Regulation</i>	National Council of State Boards of Nursing, Inc. 111 E. Wacker Drive, Suite 2900 Chicago, IL 60601-4277 312.525.3600 NCSBN 866.293.9600 Toll-free 312.279.1036 Testing Services fax
<p>Dear Colleague:</p>	
<p>Several weeks ago the National Council of State Boards of Nursing (NCSBN™) sent you a survey about your work as an experienced LPN/VN. If you have already completed and returned the questionnaire, please accept our sincere thanks and disregard this and any future reminders. If you haven't had a chance to complete it, please try to do so in the next day or two.</p>	
<p>You are one of a small group selected to represent many LPN/VNs similar to yourself. Therefore, your participation is crucial to an accurate description of experienced licensed practical/vocational nurse practice. The information you provide will make a very important contribution to this significant national research study. If you have any questions about the study, please contact NCLEX information at 866-293-9600 (toll free number) or email nclexinfo@ncsbn.org.</p>	
<p>Testing Services Department National Council of State Boards of Nursing</p>	

APPENDIX G: IMPORTANCE RATINGS FOR SETTING SUBGROUPS

Importance Ratings for Setting Subgroups							
Activity #	Activity	HOS	LTC	COM	PH	HHC	OTH
fc.1	Identify client's allergies	3.85	3.65	3.77	3.65	3.51	3.63
fc.2	Participate in a health screening program for clients	2.99	2.85	3.15	3.20	2.84	3.05
fc.3	Compare a client's development to norms	3.09	2.90	2.98	2.82	2.98	2.81
fc.4	Update client's plan of care	3.20	3.29	3.06	3.06	3.28	3.10
fc.5	Organize and prioritize care for assigned group of clients	3.44	3.36	2.99	2.33	3.08	3.08
fc.6	Take client's vital signs (e.g., temperature, pulse, blood pressure, respirations)	3.75	3.65	3.63	3.48	3.55	3.54
fc.7	Perform fetal heart monitoring	2.85	2.53	2.71	2.60	2.55	2.46
fc.8	Provide pre-, intra- and post-natal care	2.90	2.55	2.81	2.82	2.73	2.56
fc.9	Provide care that meets the special needs of clients based on their age	3.40	3.31	3.27	3.25	3.30	3.11
fc.10	Provide care for a clients with drainage device (e.g., wound drain, chest tube)	3.44	3.33	2.85	2.71	3.26	2.87
fc.11	Intervene to improve client's elimination	3.33	3.48	2.89	2.93	3.37	2.94
fc.12	Collect specimen for diagnostic testing	3.44	3.39	3.38	3.56	3.26	3.27
fc.13	Administer phototherapy treatment to newborn	2.76	2.34	2.39	2.57	2.55	2.36
fc.14	Monitor client for adverse reactions to treatments, procedures	3.70	3.64	3.55	3.72	3.60	3.40
fc.15	Administer medication by oral route	3.71	3.74	3.41	3.56	3.46	3.49
fc.16	Administer intravenous (IV) fluids	3.64	3.42	2.98	2.88	3.23	3.07
fc.17	Evaluate client's response to medication	3.79	3.74	3.58	3.71	3.67	3.63
fc.18	Follow the five rights of medication administration	3.93	3.90	3.82	3.83	3.78	3.79
fc.19	Assist client with expected life transition (e.g., attachment to newborn, parenting, puberty or retirement)	3.02	2.91	2.88	2.91	2.99	2.89
fc.20	Provide emotional support to client/family	3.62	3.62	3.52	3.42	3.57	3.51
fc.21	Provide a therapeutic environment	3.42	3.45	3.22	3.15	3.37	3.24
fc.22	Participate in group therapy session	2.59	2.73	2.42	2.25	2.51	2.57
fc.23	Provide care for client with cognitive impairment or altered mental status	3.45	3.64	3.25	3.33	3.45	3.35
fc.24	Use universal/standard precautions	3.92	3.91	3.89	3.95	3.85	3.83
fc.25	Intervene to maintain client's skin integrity	3.67	3.79	3.26	3.14	3.67	3.40
fc.26	Manage/prevent complications related to client's condition	3.61	3.64	3.36	3.44	3.64	3.39
fc.27	Communicate change in client status	3.77	3.76	3.51	3.67	3.70	3.62
fc.28	Assist in developing discharge/teaching plans	3.43	3.27	3.11	3.17	3.37	3.17
fc.29	Maintain client confidentiality	3.93	3.89	3.90	3.91	3.87	3.90
fc.30	Provide shift report	3.67	3.74	3.12	3.50	3.50	3.45
f1.31	Perform telephone triage to decide level or type of care needed	2.69	2.78	3.42	2.89	2.90	3.24
f1.32	Participate in client's health promotion program/activities	3.11	3.01	2.99	3.00	3.06	3.07
f1.33	Collect data for initial or admission health history	3.58	3.52	3.53	3.20	3.08	3.41
f1.34	Evaluate client's wound using a rating scale	3.36	3.50	3.01	2.57	3.30	3.01
f1.35	Identify client's use of coping mechanisms	3.33	3.18	3.00	3.00	3.16	3.06
f1.36	Identify factors that may affect client's recovery	3.57	3.40	3.18	3.00	3.35	3.21
f1.37	Evaluate client's potential for violence to self or others	3.43	3.56	3.25	3.10	3.22	3.25
f1.38	Identify signs and symptoms of substance abuse/chemical dependency, withdrawal or toxicity	3.42	3.20	3.20	3.00	3.08	3.18

Importance Ratings for Setting Subgroups							
Activity #	Activity	HOS	LTC	COM	PH	HHC	OTH
f1.39	Identify factors that contribute to client's behavior or change in client's behavior	3.36	3.57	3.10	3.10	3.33	3.28
f1.40	Assess pain using a rating scale	3.75	3.70	3.36	3.13	3.62	3.30
f1.41	Perform focused risk assessment (e.g., developmental delay, potential for falls)	3.54	3.66	3.07	3.14	3.57	3.21
f1.42	Perform neurological or circulatory check	3.58	3.50	3.09	3.13	3.48	3.28
f1.43	Perform focused re-assessment of client	3.5	3.27	3.01	3.25	3.32	3.08
f1.44	Identify abnormalities on a client's cardiac monitor strip	3.42	2.77	2.99	2.83	2.68	2.70
f1.45	Identify signs and symptoms of an infection	3.71	3.70	3.53	3.22	3.61	3.51
f1.46	Monitor diagnostic or laboratory test results	3.58	3.55	3.49	3.00	3.27	3.35
f1.47	Apply and/or monitor use of restraints or seclusion	3.25	3.16	2.55	3.00	2.66	2.38
f1.48	Perform minor laboratory tests (e.g., urinalysis, strep, capillary blood glucose monitoring)	3.49	3.54	3.39	3.20	3.08	3.26
f1.49	Use an alternative/complementary therapy (e.g., acupressure, music therapy or herbal therapy)	2.31	2.53	2.23	2.00	2.70	2.26
f1.50	Provide feeding through and/or care for client's gastrointestinal tube (g-tube), nasogastric (NG) tube, jejunal tube (j-tube)	3.39	3.65	2.88	3.00	3.51	2.83
f1.51	Evaluate and monitor arteriovenous (AV) shunt	3.05	3.10	2.64	2.00	2.99	2.48
f1.52	Assist with central intravenous (IV) line	3.22	3.19	2.65	2.25	2.84	2.76
f1.53	Perform central line dressing change	3.14	3.20	2.64	2.67	2.93	2.70
f1.54	Insert peripheral intravenous (IV) line	3.40	3.10	2.81	2.67	2.82	2.80
f1.55	Perform bladder scan	2.85	2.60	2.36	2.33	2.62	2.24
f1.56	Provide cooling interventions for elevated temperature	3.25	3.27	2.89	3.29	3.31	3.02
f1.57	Insert urinary catheter	3.36	3.36	3.02	2.67	3.38	3.12
f1.58	Discontinue peripheral intravenous (IV) line	3.30	3.10	2.82	2.67	2.88	2.77
f1.59	Discontinue nasogastric (NG) tube	3.05	2.90	2.55	2.50	2.95	2.54
f1.60	Discontinue urinary catheter	3.24	3.20	2.91	3.40	3.24	2.93
f1.61	Perform wound care	3.49	3.64	3.25	3.17	3.42	3.33
f1.62	Perform irrigation of urinary catheter, bladder, wound, ear, nose, eye	3.20	3.27	2.97	3.00	3.20	2.98
f1.63	Change/re-insert gastrointestinal tube (g-tube)	2.96	3.22	2.54	2.80	3.26	2.49
f1.64	Insert and monitor nasogastric (NG) tube	3.20	3.00	2.50	2.75	3.05	2.39
f1.65	Provide care to client in traction	3.05	2.95	2.62	2.33	2.93	2.49
f1.66	Perform emergency care procedures (e.g., cardiopulmonary resuscitation, automated external defibrillator (AED), Heimlich maneuver)	3.72	3.76	3.47	3.71	3.57	3.44
f1.67	Intervene to improve client's respiratory status (e.g., breathing treatment, suctioning, repositioning)	3.71	3.73	3.42	3.67	3.69	3.50
f1.68	Suction a client (e.g., oropharyngeal, nasopharyngeal, tracheostomy, endotracheal)	3.56	3.61	3.01	3.50	3.62	3.20
f1.69	Provide oxygen via the prescribed modality	3.64	3.67	3.33	3.71	3.62	3.49
f1.70	Provide tracheostomy care	3.36	3.46	2.87	3.20	3.46	2.90
f1.71	Remove sutures or staples	3.07	3.09	2.98	2.00	3.09	2.90
f1.72	Apply or remove immobilizing equipment (e.g., splint, brace)	2.98	3.12	2.85	2.60	3.07	2.95
f1.73	Perform an electrocardiogram (EKG/ECG)	3.13	2.60	3.13	3.20	2.59	2.93
f1.74	Perform peritoneal dialysis	2.66	2.70	2.38	3.00	2.56	2.30
f1.75	Perform hemodialysis	2.45	2.45	2.43	2.67	2.36	2.37

Importance Ratings for Setting Subgroups							
Activity #	Activity	HOS	LTC	COM	PH	HHC	OTH
f1.76	Collect blood specimen (e.g., venipuncture/peripheral intravenous/central line)	3.19	2.92	3.13	3.75	3.17	3.03
f1.77	Provide care to client on ventilator	3.00	3.03	2.58	3.00	3.46	2.70
f1.78	Perform check of client's pacemaker	2.73	3.18	2.60	3.00	2.84	2.68
f1.79	Perform care for client before or after surgical procedure	3.60	3.28	3.04	3.00	3.34	2.91
f1.80	Monitor a client recovering from conscious/moderate sedation	3.45	3.03	2.85	3.00	3.00	2.75
f1.81	Perform active and passive range of motion with/without equipment	3.08	3.23	2.70	2.80	3.21	2.83
f1.82	Maintain client's intravenous (IV) site	3.54	3.41	3.01	3.40	3.15	3.03
f1.83	Monitor continuous or intermittent suction of nasogastric (NG) tube	3.26	3.11	2.62	3.17	2.97	2.60
f1.84	Report or intervene to prevent unsafe practice of health care provider	3.57	3.72	3.32	3.50	3.47	3.41
f1.85	Assure safe functioning of client care equipment by identifying, reporting, and/or removing unsafe equipment	3.68	3.68	3.44	3.50	3.64	3.57
f1.86	Use proper body mechanics when lifting and transferring	3.81	3.80	3.59	3.78	3.76	3.68
f1.87	Identify and report hazardous conditions in work environment (e.g., OSHA, JCAHO)	3.67	3.65	3.51	3.78	3.46	3.57
f1.88	Use aseptic/sterile technique	3.86	3.78	3.79	3.80	3.70	3.69
f1.89	Follow protocol for timed client monitoring (e.g., suicide precautions, safety checks)	3.62	3.62	3.17	3.50	3.38	3.22
f1.90	Use transfer assistive device (e.g., t-belt, slide board, mechanical lift)	3.38	3.55	2.86	2.75	3.39	3.12
f1.91	Provide for mobility needs (e.g., ambulation, transfers, repositioning, use of adaptive equipment)	3.50	3.57	3.05	3.00	3.48	3.27
f1.92	Provide intra-operative care (e.g., positioning client for surgery, maintaining sterile field, providing operative observation)	3.27	2.99	3.01	2.75	2.83	2.75
f1.93	Assist with the performance of invasive procedures	3.45	3.15	3.21	2.75	3.08	2.92
f1.94	Provide appropriate follow-up after an incident (e.g., fall, client elopement, medication error)	3.54	3.69	3.43	3.75	3.61	3.48
f2.31	Contribute to the development of client's plan of care using data collected, technology and research	3.25	3.20	3.12	2.88	3.22	3.17
f2.32	Clarify prescription/order for a client	3.71	3.75	3.73	3.80	3.66	3.62
f2.33	Assist client with/or perform activities of daily living (ADLs)	3.37	3.46	2.77	3.00	3.40	2.94
f2.34	Monitor and provide for client's nutritional and hydration needs (e.g., intake/output)	3.50	3.60	3.06	3.11	3.48	3.03
f2.35	Monitor height and weight	3.16	3.16	3.19	3.30	3.12	3.09
f2.36	Provide care for clients with assistive devices (e.g., dentures, glasses, hearing aid, prosthesis, wheelchair)	3.21	3.32	2.90	2.88	3.19	3.00
f2.37	Promote independence for clients with assistive devices	3.20	3.37	2.90	2.88	3.30	2.97
f2.38	Orient client to environment upon admission	3.47	3.40	2.85	2.20	2.94	3.05
f2.39	Provide non-pharmacological measures for pain relief (e.g., guided imagery, back massage, repositioning)	3.26	3.31	2.74	2.88	3.31	2.81
f2.40	Monitor client receiving transfusion of blood product	3.64	2.96	2.75	2.75	3.10	2.70
f2.41	Initiate infusion of blood product	3.21	2.60	2.56	2.25	2.63	2.51
f2.42	Administer medication by gastrointestinal tube	3.46	3.67	2.91	2.75	3.59	3.02
f2.43	Administer a subcutaneous (SQ), intradermal, or intramuscular (IM) medication	3.69	3.71	3.61	3.92	3.39	3.34
f2.44	Administer medication via rectum, vagina, eye/ear/nose, or topical route	3.55	3.62	3.20	3.25	3.36	3.22
f2.45	Administer medication through a peripheral intravenous (IV) line by intravenous piggyback (IVPB)	3.55	3.32	2.81	2.50	3.26	2.70

Importance Ratings for Setting Subgroups							
Activity #	Activity	HOS	LTC	COM	PH	HHC	OTH
f2.46	Administer medication by intravenous push (IVP)	3.18	2.88	2.56	2.50	2.93	2.57
f2.47	Administer medication through a central venous catheter	3.21	2.98	2.44	2.00	2.84	2.43
f2.48	Administer inhalation therapy (e.g., inhaler, nebulizer)	3.31	3.58	3.41	3.13	3.42	3.20
f2.49	Administer total parenteral nutrition (TPN)	3.26	3.15	2.61	2.75	3.23	2.54
f2.50	Maintain current, accurate medication list or medication administration record (MAR)	3.88	3.91	3.81	3.56	3.74	3.78
f2.51	Phone/fax client prescriptions to pharmacy	3.35	3.69	3.66	3.13	3.32	3.48
f2.52	Follow facility policy governing narcotics/controlled substances	3.88	3.86	3.79	3.29	3.68	3.77
f2.53	Include client/family in developing a plan of care	3.45	3.45	3.35	3.00	3.63	3.35
f2.54	Provide end-of-life care for client/family	3.44	3.67	3.06	3.20	3.50	3.22
f2.55	Provide family planning education	3.24	3.07	3.08	3.00	3.09	3.07
f2.56	Recognize barriers to communication or learning	3.45	3.33	3.39	3.44	3.41	3.32
f2.57	Encourage verbalization of concerns and questions	3.65	3.52	3.57	3.64	3.52	3.48
f2.58	Promote client's positive self-esteem	3.51	3.57	3.42	3.40	3.45	3.36
f2.59	Participate in plan of care for a client with substance or non-substance related dependency	3.24	3.04	3.00	2.86	3.03	2.99
f2.60	Participate in client's behavior management program	3.06	3.39	2.93	2.71	3.03	3.07
f2.61	Identify reasons for non-compliance (e.g., finances, environmental stressors)	3.25	3.17	3.28	3.00	3.21	3.16
f2.62	Assist client coping (e.g., grief/loss, abuse/neglect)	3.36	3.39	3.20	2.78	3.36	3.29
f2.63	Provide care with consideration of client's spiritual/cultural/religious beliefs and values	3.44	3.46	3.24	3.00	3.43	3.22
f2.64	Provide interventions to promote client's sleep/rest	3.36	3.46	3.01	2.50	3.39	3.18
f2.65	Identify signs of abuse and neglect	3.55	3.72	3.56	3.60	3.63	3.35
f2.66	Discuss sexuality concerns with client (e.g., family planning, menopause, sexually transmitted disease (STD), erectile dysfunction)	3.02	2.67	3.26	3.56	2.81	2.94
f2.67	Delegate or assign specific task to assistive personnel	3.24	3.50	3.13	2.56	3.01	3.17
f2.68	Perform administrative duties (e.g., schedules, hiring, budget, monitor cost-effective care)	2.62	2.80	2.90	1.83	2.62	2.71
f2.69	Provide input for performance evaluations of other staff	2.83	3.10	2.86	1.83	2.89	2.95
f2.70	Recognize and manage staff conflict through appropriate use of chain of command	3.12	3.29	3.18	3.00	3.00	3.11
f2.71	Advocate for client rights or needs	3.56	3.63	3.42	3.22	3.70	3.41
f2.72	Use technology to communicate with client/health care team	3.31	3.18	3.31	3.00	3.38	3.18
f2.73	Refer client/family to appropriate resources	3.33	3.25	3.42	3.27	3.34	3.25
f2.74	Provide written and verbal discharge instructions to client	3.56	3.35	3.25	2.67	3.25	3.31
f2.75	Provide or participate in staff education/new employee orientation	3.30	3.33	3.24	2.80	3.27	3.24
f2.76	Recognize task/assignment you are not prepared to perform and seek assistance	3.56	3.51	3.38	3.30	3.52	3.41
f2.77	Discharge client to home or transfer client to another facility	3.30	3.24	2.92	2.75	2.95	2.95
f2.78	Follow regulation/policy for reporting (e.g., abuse, neglect, gunshot wound, or communicable disease)	3.52	3.69	3.52	3.50	3.66	3.42
f2.79	Obtain client's signature on consent form	3.64	3.40	3.63	3.64	3.37	3.52
f2.80	Provide for privacy needs	3.82	3.82	3.81	3.83	3.75	3.77
f2.81	Provide information about advance directives	3.36	3.47	3.27	3.00	3.33	3.28
f2.82	Verify the identity of client	3.87	3.83	3.82	4.00	3.70	3.80

Importance Ratings for Setting Subgroups

Activity #	Activity	HOS	LTC	COM	PH	HHC	OTH
f2.83	Participate in preparation for internal and external disasters	3.38	3.47	3.34	3.57	3.47	3.40
f2.84	Provide information for prevention of high risk behaviors	3.30	3.39	3.27	3.25	3.24	3.26
f2.85	Reinforce information about client condition to client/family	3.42	3.46	3.30	3.11	3.52	3.37
f2.86	Use electronic medical record to document/retrieve clinical information	3.46	2.94	3.26	3.44	3.06	3.02
f2.87	Use standing orders to provide care	3.54	3.49	3.44	3.73	3.41	3.33
f2.88	Document client care using standard nomenclature and terminology (e.g., approved abbreviations)	3.68	3.65	3.60	3.50	3.50	3.51
f2.89	Obtain/transcribe healthcare provider orders (e.g., verbal, telephone)	3.65	3.74	3.63	3.60	3.58	3.56
f2.90	Collaborate with healthcare team members (e.g., evaluate, recommend treatment modalities)	3.54	3.54	3.35	3.57	3.47	3.43
f2.91	Recognize the need for and provide an interpreter	3.41	3.20	3.24	3.67	3.23	3.34
f2.92	Assist client to compensate for sensory impairment	3.38	3.46	3.18	3.29	3.33	3.29
f2.93	Participate in quality improvement initiatives	3.25	3.25	3.10	3.25	3.24	3.09
f2.94	Provide post mortem care	3.11	3.30	2.56	2.67	2.84	2.83
f2.95	Supervise care provided by others	3.30	3.73	3.25	3.14	3.16	3.31

APPENDIX H: IMPORTANCE RATINGS FOR SPECIALTY PRACTICE AREA SUBGROUPS

Importance Ratings for Specialty Practice Area Subgroups		CM	CC	EDU	ED	HC/PA	MAT	MED	NCS	HH	OH	OR	OTH/LTC	PED	PHY	PSY	RE-HAB	SCH	OTH
Activity #	Activity																		
fc.1	Identify client's allergies	3.54	3.89	3.50	4.00	3.61	3.87	3.83	3.58	3.66	3.57	3.95	3.36	3.68	3.81	3.80	3.68	3.64	3.74
fc.2	Participate in a health screening program for clients	2.91	2.91	3.54	2.83	2.78	3.14	2.94	3.02	2.82	3.74	3.03	2.93	2.96	3.11	3.03	2.98	3.35	3.05
fc.3	Compare a client's development to norms	2.88	3.18	3.22	2.97	2.91	3.27	3.07	2.87	2.90	3.00	3.00	2.81	3.15	2.91	2.91	3.05	2.94	2.93
fc.4	Update client's plan of care	3.41	3.29	3.56	2.94	3.31	3.23	3.24	3.16	3.28	3.14	3.16	3.18	3.03	2.93	3.06	3.41	3.06	3.20
fc.5	Organize and prioritize care for assigned group of clients	3.37	3.61	3.46	3.44	3.21	3.33	3.52	2.83	3.37	3.00	3.19	3.12	3.05	2.83	3.12	3.52	3.03	3.21
fc.6	Take client's vital signs (e.g., temperature, pulse, blood pressure, respirations)	3.29	3.83	3.54	4.00	3.38	3.77	3.79	3.44	3.65	3.45	3.75	3.52	3.69	3.65	3.53	3.75	3.50	3.63
fc.7	Perform fetal heart monitoring	3.00	2.45	2.80	3.18	2.45	3.71	2.88	2.65	2.54	2.09	2.81	2.22	2.44	2.78	2.38	2.39	2.58	2.68
fc.8	Provide pre-, intra- and post-natal care	3.00	2.43	2.63	2.86	2.68	3.79	2.86	2.65	2.60	2.18	3.07	2.24	2.71	2.92	2.18	2.59	2.6	2.71
fc.9	Provide care that meets the special needs of clients based on their age	3.09	3.38	3.73	3.51	3.36	3.44	3.41	3.13	3.30	2.71	3.55	3.31	3.35	3.23	3.18	3.36	3.35	3.24
fc.10	Provide care for a clients with drainage device (e.g., wound drain, chest tube)	3.17	3.69	3.00	3.29	3.34	2.95	3.60	3.13	3.34	2.50	3.54	3.03	2.78	2.82	2.78	3.30	2.57	3.14
fc.11	Intervene to improve client's elimination	3.00	3.38	3.33	3.06	3.53	2.96	3.45	3.19	3.48	2.36	3.00	3.40	3.07	2.74	3.07	3.58	2.67	3.10
fc.12	Collect specimen for diagnostic testing	3.14	3.54	3.23	3.63	2.89	3.32	3.44	3.23	3.41	3.47	3.55	3.13	3.35	3.42	3.20	3.41	2.95	3.45
fc.13	Administer phototherapy treatment to newborn	2.85	2.32	2.17	2.70	2.33	3.56	2.73	2.83	2.35	1.92	2.39	2.23	2.67	2.37	2.51	2.53	2.61	2.45
fc.14	Monitor client for adverse reactions to treatments, procedures	3.42	3.71	3.18	3.85	3.38	3.59	3.77	3.53	3.64	3.40	3.73	3.51	3.64	3.49	3.62	3.58	3.44	3.60
fc.15	Administer medication by oral route	3.43	3.75	3.27	3.68	3.67	3.65	3.77	3.40	3.75	3.21	3.41	3.64	3.51	3.20	3.82	3.87	3.76	3.54
fc.16	Administer intravenous (IV) fluids	3.06	3.75	3.13	3.79	2.96	3.69	3.79	3.35	3.44	2.58	3.53	2.84	3.04	2.90	2.85	3.64	2.97	3.33
fc.17	Evaluate client's response to medication	3.56	3.85	3.6	3.83	3.78	3.82	3.84	3.44	3.75	3.63	3.68	3.68	3.61	3.52	3.75	3.82	3.67	3.66
fc.18	Follow the five rights of medication administration	3.57	3.94	3.43	3.98	3.85	3.97	3.95	3.71	3.90	3.75	3.82	3.86	3.85	3.75	3.88	3.97	3.91	3.84
fc.19	Assist client with expected life transition (e.g., attachment to newborn, parenting, puberty or retirement)	3.00	2.91	2.90	2.75	3.39	3.73	2.92	3.05	2.89	2.43	2.75	2.86	3.15	2.83	3.00	3.04	2.88	2.89
fc.20	Provide emotional support to client/family	3.66	3.62	3.59	3.49	3.69	3.68	3.58	3.46	3.62	3.56	3.61	3.53	3.49	3.52	3.61	3.72	3.53	3.57
fc.21	Provide a therapeutic environment	3.16	3.42	3.23	3.43	3.24	3.41	3.36	3.15	3.44	3.17	3.38	3.42	3.35	3.14	3.72	3.55	3.20	3.29
fc.22	Participate in group therapy session	2.74	2.16	2.75	2.32	2.16	2.33	2.48	2.69	2.72	2.50	2.46	2.60	2.31	2.22	3.22	3.05	2.51	2.46
fc.23	Provide care for client with cognitive impairment or altered mental status	3.22	3.49	3.58	3.33	3.52	3.23	3.42	3.37	3.63	3.00	3.39	3.58	3.27	3.17	3.63	3.62	3.29	3.34

Importance Ratings for Specialty Practice Area Subgroups

Activity #	Activity	CM	CC	EDU	ED	HC/ PA	MAT	MED	NCS	HH	OH	OR	OTH LTC	PED	PHY	PSY	RE- HAB	SCH	OTH
fc.24	Use universal/standard precautions	3.75	3.88	3.94	3.98	3.89	3.94	3.93	3.75	3.91	3.91	3.95	3.86	3.85	3.88	3.92	3.93	3.87	3.89
fc.25	Intervene to maintain client's skin integrity	3.25	3.67	3.27	3.42	3.64	3.49	3.78	3.43	3.81	3.00	3.48	3.63	3.46	3.15	3.42	3.88	3.31	3.45
fc.26	Manage/prevent complications related to client's condition	3.36	3.69	3.58	3.51	3.54	3.59	3.64	3.47	3.65	3.24	3.68	3.64	3.47	3.22	3.45	3.73	3.42	3.49
fc.27	Communicate change in client status	3.73	3.83	3.57	3.76	3.77	3.80	3.77	3.53	3.77	3.44	3.78	3.69	3.59	3.41	3.69	3.84	3.53	3.67
fc.28	Assist in developing discharge/teaching plans	3.50	3.34	3.27	3.63	3.26	3.65	3.37	3.36	3.26	3.20	3.26	3.02	3.27	3.01	3.43	3.55	3.04	3.36
fc.29	Maintain client confidentiality	3.91	3.90	3.94	3.95	3.88	3.95	3.91	3.88	3.89	3.96	3.98	3.83	3.85	3.92	3.89	3.90	3.86	3.93
fc.30	Provide shift report	3.19	3.75	3.33	3.76	3.59	3.87	3.73	3.48	3.75	2.67	3.38	3.61	3.35	2.79	3.53	3.79	3.12	3.47
f1.31	Perform telephone triage to decide level or type of care needed	3.67	2.59	3.50	3.18	3.06	2.75	2.49	3.04	2.72	3.57	2.50	2.69	3.29	3.51	3.08	2.13	3.23	3.25
f1.32	Participate in client's health promotion program/activities	3.45		3.60	3.00	2.94	3.08	3.10	3.00	2.94	3.50	2.83	3.13	2.90	2.84	3.20	3.32	3.55	3.06
f1.33	Collect data for initial or admission health history	3.82	3.61	3.50	3.94	3.33	3.43	3.62	3.26	3.52	3.11	3.68	3.34	3.28	3.47	3.50	3.52	3.31	3.46
f1.34	Evaluate client's wound using a rating scale	3.40	3.38	3.67	3.31	3.21	2.89	3.43	3.07	3.51	3.00	3.55	3.14	2.98	2.89	3.11	3.41	2.94	3.24
f1.35	Identify client's use of coping mechanisms	3.31	3.28	3.40	3.06	3.48	3.32	3.25	3.04	3.14	2.8	3.25	3.18	2.76	2.93	3.48	3.42	3.00	3.17
f1.36	Identify factors that may affect clients recovery	3.73	3.66	3.50	3.31	3.25	3.56	3.58	3.23	3.39	3.00	3.80	3.29	3.10	3.17	3.58	3.66	2.96	3.31
f1.37	Evaluate client's potential for violence to self or others	3.44	3.41	3.50	3.53	3.41	3.29	3.41	3.13	3.53	2.71	3.05	3.43	3.06	3.08	3.84	3.55	3.09	3.37
f1.38	Identify signs and symptoms of substance abuse/chemical dependency, withdrawal or toxicity	3.44	3.55	3.50	3.24	3.04	3.42	3.40	3.08	3.19	2.78	3.20	2.93	2.87	3.17	3.63	3.58	3.19	3.27
f1.39	Identify factors that contribute to client's behavior or change in client's behavior	3.31	3.38	3.50	3.00	3.36	3.28	3.31	3.07	3.55	3.00	3.06	3.54	3.23	2.94	3.68	3.55	3.18	3.28
f1.40	Assess pain using a rating scale	3.58	3.72	3.80	3.65	3.92	3.90	3.77	3.52	3.70	3.56	3.74	3.57	3.34	3.29	3.47	3.71	3.10	3.53
f1.41	Perform focused risk assessment (e.g., developmental delay, potential for falls)	3.70	3.62	3.50	3.27	3.46	3.04	3.64	3.25	3.66	2.50	3.48	3.46	3.19	3.02	3.34	3.66	2.77	3.42
f1.42	Perform neurological or circulatory check	3.58	3.66	3.33	3.56	3.46	3.27	3.67	3.04	3.50	2.67	3.50	3.36	3.35	2.93	3.34	3.62	3.29	3.36
f1.43	Perform focused re-assessment of client	3.50	3.62	3.00	3.80	3.38	3.15	3.52	3.00	3.28	3.50	3.36	3.17	3.06	2.88	3.31	3.50	2.96	3.27
f1.44	Identify abnormalities on a client's cardiac monitor strip	3.43	3.83	3.00	3.81	2.20	2.82	3.40	2.35	2.76	3.00	3.79	2.46	2.67	3.13	2.64	2.67	2.00	3.19
f1.45	Identify signs and symptoms of an infection	3.92	3.86	3.60	3.76	3.45	3.68	3.75	3.50	3.72	3.44	3.83	3.66	3.49	3.50	3.33	3.74	3.47	3.56

Importance Ratings for Specialty Practice Area Subgroups

Activity #	Activity	CM	CC	EDU	ED	HC/ PA	MAT	MED	NCS	HH	OH	OR	OTH LTC	PED	PHY	PSY	RE- HAB	SCH	OTH
f1.46	Monitor diagnostic or laboratory test results	3.75	3.83	3.80	3.82	3.41	3.31	3.66	3.46	3.55	3.86	3.57	3.30	3.29	3.57	3.29	3.45	2.62	3.39
f1.47	Apply and/or monitor use of restraints or seclusion	2.88	3.50	3.33	3.42	2.23	2.27	3.27	2.50	3.16	2.25	2.61	2.92	2.45	2.34	3.49	3.12	2.19	2.78
f1.48	Perform minor laboratory tests (e.g., urinalysis, strep, capillary blood glucose monitoring)	3.63	3.66	3.50	3.59	3.29	3.48	3.49	3.00	3.54	3.60	3.32	3.39	3.07	3.41	3.41	3.47	3.19	3.35
f1.49	Use an alternative/complementary therapy (e.g., acupressure, music therapy or herbal therapy)	2.75	2.38	2.67	2.11	3.12	1.88	2.35	2.46	2.54	2.25	2.07	2.69	2.42	2.00	2.91	2.47	2.21	2.11
f1.50	Provide feeding through and/or care for client's gastrointestinal tube (g-tube), nasogastric (NG) tube, jejunal tube (j-tube)	3.33	3.57	3.50	2.91	3.59	2.45	3.55	3.05	3.66	2.00	2.76	3.34	3.43	2.66	2.94	3.34	3.37	3.16
f1.51	Evaluate and monitor arteriovenous (AV) shunt	3.14	3.35	3.00	3.25	2.64	2.27	3.18	2.65	3.10	2.00	2.89	2.93	2.73	2.52	2.64	2.95	2.06	2.83
f1.52	Assist with central intravenous (IV) line	3.33	3.44	3.00	3.21	3.13	2.27	3.32	3.07	3.21	2.75	3.05	2.62	2.69	2.44	2.72	3.25	2.00	2.98
f1.53	Perform central line dressing change	3.50	3.42	3.50	3.23	2.93	2.40	3.30	3.00	3.19	3.00	2.89	2.68	2.56	2.41	2.67	3.23	2.21	2.92
f1.54	Insert peripheral intravenous (IV) line	3.20	3.56	3.67	3.82	3.00	3.17	3.52	3.07	3.11	3.00	3.19	2.49	2.88	2.83	2.65	3.17	2.21	3.04
f1.55	Perform bladder scan	3.20	3.00	3.50	2.69	2.30	2.61	3.04	2.50	2.59	2.33	2.38	2.44	2.27	2.28	2.57	3.21	1.85	2.44
f1.56	Provide cooling interventions for elevated temperature	3.13	3.46	3.67	3.19	3.24	3.00	3.29	3.11	3.29	3.00	2.82	3.17	3.15	2.76	3.15	3.36	3.00	3.02
f1.57	Insert urinary catheter	3.20	3.43	3.50	3.44	3.38	3.22	3.39	3.17	3.38	2.67	3.52	3.20	3.14	2.98	2.91	3.30	2.90	3.23
f1.58	Discontinue peripheral intravenous (IV) line	3.13	3.30	3.50	3.29	3.06	3.34	3.37	2.94	3.12	3.00	2.92	2.67	2.95	2.78	2.81	3.04	2.54	3.01
f1.59	Discontinue nasogastric (NG) tube	3.14	3.08	3.50	3.19	2.89	2.72	3.14	2.69	2.90	3.00	2.58	2.78	2.84	2.38	2.60	2.84	2.50	2.82
f1.60	Discontinue urinary catheter	3.22	3.24	3.50	3.11	3.15	3.27	3.27	3.11	3.21	3.17	3.23	3.05	3.00	2.85	2.84	3.27	2.87	3.17
f1.61	Perform wound care	3.50	3.66	3.50	3.44	3.43	3.32	3.57	3.33	3.65	3.86	3.32	3.43	3.23	3.19	3.24	3.67	3.40	3.36
f1.62	Perform irrigation of urinary catheter, bladder, wound, ear, nose, eye	3.22	3.31	3.67	3.44	3.16	2.67	3.28	3.11	3.30	3.00	3.20	3.05	3.12	2.91	2.94	3.21	2.65	3.14
f1.63	Change/re-insert gastrointestinal tube (g-tube)	3.33	2.94	3.67	3.00	2.79	2.40	3.13	2.67	3.25	2.80	2.76	3.02	3.06	2.44	2.68	2.94	2.71	2.80
f1.64	Insert and monitor nasogastric (NG) tube	3.20	3.43	3.00	3.43	2.60	2.53	3.35	2.57	3.01	2.80	2.94	2.89	2.86	2.41	2.72	2.79	2.46	2.74
f1.65	Provide care to client in traction	3.00	2.96	3.50	3.00	2.46	2.20	3.25	2.88	3.00	2.75	2.88	2.86	2.64	2.47	2.65	2.67	2.31	2.75
f1.66	Perform emergency care procedures (e.g., cardiopulmonary resuscitation, automated external defibrillator (AED), Heimlich maneuver)	3.64	3.75	3.67	3.94	3.38	3.42	3.78	3.42	3.76	4.00	3.76	3.48	3.57	3.45	3.53	3.69	3.57	3.60

Importance Ratings for Specialty Practice Area Subgroups

Activity #	Activity	CM	CC	EDU	ED	HC/ PA	MAT	MED	NCS	HH	OH	OR	OTH LTC	PED	PHY	PSY	RE- HAB	SCH	OTH
f1.67	Intervene to improve client's respiratory status (e.g., breathing treatment, suctioning, repositioning)	3.38	3.74	3.67	3.89	3.64	3.62	3.81	3.35	3.75	3.25	3.36	3.69	3.72	3.32	3.52	3.71	3.63	3.57
f1.68	Suction a client (e.g., oropharyngeal, nasopharyngeal, tracheostomy, endotracheal)	3.38	3.72	3.67	3.56	3.43	3.33	3.69	3.37	3.63	3.40	3.58	3.46	3.55	2.80	3.15	3.64	3.10	3.32
f1.69	Provide oxygen via the prescribed modality	3.45	3.78	3.67	3.61	3.58	3.63	3.71	3.42	3.69	3.40	3.42	3.58	3.67	3.28	3.39	3.64	2.90	3.51
f1.70	Provide tracheostomy care	3.25	3.61	3.67	3.46	3.05	2.67	3.47	3.00	3.46	3.40	2.88	3.24	3.34	2.61	2.93	3.59	3.10	3.15
f1.71	Remove sutures or staples	3.00	3.09	3.33	3.07	2.87	2.92	3.15	2.88	3.11	3.60	2.76	2.83	3.00	2.97	2.86	3.19	2.39	3.01
f1.72	Apply or remove immobilizing equipment (e.g., splint, brace)	3.00	3.08	3.67	3.29	2.50	2.47	3.05	2.95	3.12	3.13	2.75	3.00	3.08	2.69	2.69	3.38	3.00	2.97
f1.73	Perform an electrocardiogram (EKG/ECG)	2.67	3.43	3.00	3.71	2.22	2.67	3.26	2.76	2.61	2.80	3.00	2.56	2.57	3.29	2.83	3.28	2.27	3.05
f1.74	Perform peritoneal dialysis	2.33	3.19	3.00	3.00	2.20	1.91	2.90	2.31	2.70	2.00	2.06	2.74	2.18	2.33	2.48	2.75	2.00	2.48
f1.75	Perform hemodialysis	2.50	2.86	3.00	3.00	2.22	1.92	2.70	2.31	2.44	2.00	1.93	2.77	2.00	2.28	2.52	2.25	2.00	2.52
f1.76	Collect blood specimen (e.g., venipuncture/peripheral intravenous/central line)	3.10	3.50	3.50	3.59	2.86	3.00	3.34	3.12	2.91	3.20	2.90	2.91	2.88	3.16	2.76	3.05	2.15	3.28
f1.77	Provide care to client on ventilator	3.00	3.67	3.67	3.36	2.64	2.31	3.14	2.94	3.02	2.50	2.93	3.07	3.13	2.43	2.70	3.28	2.43	2.93
f1.78	Perform check of client's pacemaker	3.20	3.44	3.50	2.80	2.64	2.33	2.90	2.81	3.22	2.50	2.43	2.81	2.36	2.57	2.70	2.82	2.08	2.69
f1.79	Perform care for client before or after surgical procedure	3.33	3.68	3.50	3.33	2.60	3.62	3.75	3.15	3.28	3.00	3.69	3.22	3.11	2.90	3.15	3.08	2.60	3.24
f1.80	Monitor a client recovering from conscious/moderate sedation	2.60	3.68	3.50	3.71	2.77	3.45	3.62	3.00	3.02	3.00	3.40	3.00	2.81	2.74	3.21	3.14	2.79	2.92
f1.81	Perform active and passive range of motion with/without equipment	3.00	3.27	3.50	3.00	2.78	2.80	3.21	3.09	3.23	3.00	2.38	3.19	2.88	2.48	3.00	3.64	2.86	2.79
f1.82	Maintain client's intravenous (IV) site	3.50	3.66	3.50	3.65	2.93	3.67	3.68	3.22	3.42	3.00	3.50	3.10	3.12	2.89	3.00	3.70	2.47	3.16
f1.83	Monitor continuous or intermittent suction of nasogastric (NG) tube	3.17	3.43	3.50	3.29	3.06	3.17	3.44	2.73	3.11	3.00	2.58	2.95	2.79	2.46	2.84	3.42	2.31	2.79
f1.84	Report or intervene to prevent unsafe practice of health care provider	3.58	3.54	3.80	3.56	3.06	3.64	3.60	3.32	3.72	3.00	3.60	3.68	3.38	3.30	3.52	3.70	2.95	3.46
f1.85	Assure safe functioning of client care equipment by identifying, reporting, and/or removing unsafe equipment	3.75	3.54	3.75	3.89	3.45	3.72	3.67	3.55	3.69	4.00	3.79	3.59	3.54	3.42	3.60	3.70	3.27	3.55
f1.86	Use proper body mechanics when lifting and transferring	3.70	3.83	3.75	3.83	3.61	3.79	3.82	3.46	3.80	3.78	3.93	3.82	3.71	3.53	3.67	3.88	3.68	3.72
f1.87	Identify and report hazardous conditions in work environment (e.g., OSHA, JCAHO)	3.64	3.52	3.33	3.83	3.37	3.88	3.60	3.27	3.64	4.00	3.78	3.61	3.60	3.53	3.70	3.88	3.33	3.55

Importance Ratings for Specialty Practice Area Subgroups

Activity #	Activity	CM	CC	EDU	ED	HC/ PA	MAT	MED	NCS	HH	OH	OR	OTH LTC	PED	PHY	PSY	RE- HAB	SCH	OTH
f1.88	Use aseptic/sterile technique	3.67	3.86	3.80	3.78	3.46	3.90	3.88	3.38	3.78	4.00	3.97	3.80	3.81	3.81	3.84	3.97	3.66	3.79
f1.89	Follow protocol for timed client monitoring (e.g., suicide precautions, safety checks)	3.43	3.50	3.67	3.75	3.00	3.57	3.68	3.43	3.63	3.00	3.43	3.51	3.25	2.96	3.76	3.76	3.14	3.30
f1.90	Use transfer assistive device (e.g., t-belt, slide board, mechanical lift)	3.33	3.41	3.50	3.33	3.17	3.21	3.41	3.22	3.56	3.25	3.58	3.39	2.82	2.75	3.03	3.70	2.78	3.13
f1.91	Provide for mobility needs (e.g., ambulation, transfers, repositioning, use of adaptive equipment)	3.42	3.52	3.50	3.31	3.55	3.35	3.54	3.45	3.60	3.25	3.44	3.47	3.13	2.92	3.07	3.73	3.26	3.24
f1.92	Provide intra-operative care (e.g., positioning client for surgery, maintaining sterile field, providing operative observation)	3.33	3.50	3.00	3.62	2.50	3.33	3.28	2.94	2.96	2.25	3.88	2.86	2.88	3.00	3.04	2.87	2.36	2.98
f1.93	Assist with the performance of invasive procedures	2.83	3.60	3.00	3.50	2.86	3.43	3.42	3.00	3.14	3.00	3.81	2.88	3.03	3.23	3.17	3.18	2.82	3.24
f1.94	Provide appropriate follow-up after an incident (e.g., fall, client elopement, medication error)	3.50	3.48	3.67	3.67	3.32	3.33	3.57	3.39	3.69	4.00	3.67	3.65	3.46	3.28	3.65	3.63	3.38	3.58
f2.31	Contribute to the development of clients plan of care using data collected, technology and research	3.38	3.48	3.60	3.05	3.10	3.64	3.23	3.21	3.19	2.44	3.33	3.06	3.08	3.04	3.10	3.37	3.00	3.24
f2.32	Clarify prescription/order for a client	3.33	3.65	3.60	3.71	3.76	3.81	3.69	3.59	3.75	3.40	3.48	3.71	3.68	3.75	3.71	3.76	3.61	3.71
f2.33	Assist client with/or perform activities of daily living (ADLs)	2.45	3.17	3.29	3.15	3.40	3.31	3.44	3.15	3.48	2.56	3.17	3.27	3.09	2.62	3.19	3.69	3.04	3.11
f2.34	Monitor and provide for clients nutritional and hydration needs (e.g., intake/output)	2.73	3.67	3.33	3.19	3.13	3.66	3.62	3.31	3.63	2.56	3.05	3.39	3.40	2.85	3.31	3.57	3.04	3.25
f2.35	Monitor height and weight	2.64	3.25	3.00	2.78	2.70	3.37	3.14	3.10	3.17	3.10	3.05	3.00	3.44	3.22	3.00	3.24	3.18	3.19
f2.36	Provide care for clients with assistive devices (e.g., dentures, glasses, hearing aid, prosthesis, wheelchair)	3.15	2.83	3.11	3.00	3.30	3.08	3.26	2.97	3.32	2.90	3.08	3.27	3.00	2.83	2.93	3.56	3.06	3.05
f2.37	Promote independence for clients with assistive devices	2.93	2.91	3.22	2.83	2.87	2.95	3.29	3.13	3.37	2.70	2.83	3.32	2.90	2.84	3.02	3.74	2.86	3.13
f2.38	Orient client to environment upon admission	3.00	3.42	2.80	3.29	3.20	3.45	3.52	3.25	3.41	3.00	3.36	3.15	2.66	2.76	3.23	3.51	2.81	3.19
f2.39	Provide non-pharmacological measures for pain relief (e.g., guided imagery, back massage, repositioning)	2.90	3.13	2.88	2.77	3.44	3.37	3.37	3.04	3.33	2.10	3.38	3.07	3.00	2.57	2.89	3.37	2.85	3.03
f2.40	Monitor client receiving transfusion of blood product	3.00	3.83	2.60	3.63	2.69	3.80	3.81	3.47	2.99	2.13	3.55	2.49	2.90	2.67	2.75	3.50	3.18	3.16

Importance Ratings for Specialty Practice Area Subgroups

Activity #	Activity	CM	CC	EDU	ED	HC/ PA	MAT	MED	NCS	HH	OH	OR	OTH LTC	PED	PHY	PSY	RE- HAB	SCH	OTH
f2.41	Initiate infusion of blood product	2.67	3.63	2.40	3.64	2.38	3.25	3.46	3.27	2.57	2.00	3.00	2.38	2.48	2.50	2.68	2.68	2.82	2.82
f2.42	Administer medication by gastrointestinal tube	3.00	3.54	3.00	3.20	3.52	3.06	3.64	3.42	3.72	2.00	3.12	3.35	3.33	2.70	3.13	3.61	3.41	3.16
f2.43	Administer a subcutaneous (SQ), intradermal, or intramuscular (IM) medication	3.25	3.67	3.20	3.67	3.50	3.64	3.71	3.57	3.73	3.50	3.76	3.40	3.59	3.61	3.54	3.58	3.68	3.58
f2.44	Administer medication via rectum, vagina, eye/ear/nose, or topical route	3.17	3.54	3.13	3.52	3.46	3.44	3.61	3.38	3.62	2.80	3.52	3.38	3.43	3.03	3.29	3.65	3.35	3.40
f2.45	Administer medication through a peripheral intravenous (IV) line by intravenous piggyback (IVPB)	3.10	3.67	2.20	3.42	2.73	3.75	3.67	3.31	3.36	2.38	3.74	2.65	2.70	2.72	2.47	3.60	3.22	3.24
f2.46	Administer medication by intravenous push (IVP)	3.00	3.28	2.80	3.27	2.67	3.42	3.29	3.18	2.90	2.38	3.58	2.22	2.41	2.52	2.57	2.95	3.06	2.84
f2.47	Administer medication through a central venous catheter	2.78	3.70	2.00	3.29	2.60	2.86	3.45	3.13	2.98	2.38	3.08	2.64	2.58	2.23	2.13	3.10	2.88	2.89
f2.48	Administer inhalation therapy (e.g., inhaler, nebulizer)	2.92	3.24	3.22	3.61	3.41	3.17	3.29	3.36	3.57	2.67	3.18	3.50	3.58	3.35	3.35	3.41	3.51	3.33
f2.49	Administer total parenteral nutrition (TPN)	2.70	3.50	2.00	3.14	3.06	2.85	3.45	3.46	3.17	2.22	3.08	2.86	2.70	2.43	2.56	2.90	3.17	2.96
f2.50	Maintain current, accurate medication list or medication administration record (MAR)	3.29	4.00	3.30	3.78	3.91	3.97	3.88	3.70	3.91	3.40	3.79	3.88	3.83	3.81	3.89	3.95	3.80	3.78
f2.51	Phone/fax client prescriptions to pharmacy	2.93	3.19	3.00	3.00	3.54	3.60	3.37	3.63	3.68	2.78	3.29	3.61	3.48	3.72	3.44	3.85	3.19	3.50
f2.52	Follow facility policy governing narcotics/controlled substances	3.17	3.92	3.40	3.92	3.96	3.93	3.89	3.75	3.87	2.88	4.00	3.81	3.71	3.78	3.88	3.90	3.66	3.82
f2.53	Include client/family in developing a plan of care	3.65	3.30	3.38	3.48	3.82	3.66	3.47	3.57	3.44	2.89	3.48	3.36	3.35	3.31	3.24	3.44	3.44	3.48
f2.54	Provide end of life care for client/family	3.09	3.36	2.86	3.35	3.92	3.67	3.55	3.33	3.68	2.25	3.00	3.44	3.04	3.09	2.98	3.29	3.05	3.35
f2.55	Provide family planning education	2.92	3.24	3.25	3.14	3.35	3.44	3.32	2.90	3.07	2.56	3.08	2.72	3.20	3.08	2.95	3.46	3.11	3.13
f2.56	Recognize barriers to communication or learning	3.41	3.29	3.70	3.38	3.50	3.66	3.41	3.28	3.30	3.36	3.62	3.31	3.42	3.29	3.35	3.70	3.42	3.45
f2.57	Encourage verbalization of concerns and questions	3.41	3.71	3.70	3.67	3.60	3.75	3.61	3.55	3.51	3.50	3.65	3.41	3.48	3.60	3.63	3.71	3.51	3.58
f2.58	Promote client's positive self-esteem	3.47	3.42	3.40	3.38	3.58	3.70	3.52	3.32	3.57	3.08	3.38	3.43	3.39	3.33	3.66	3.66	3.73	3.43
f2.59	Participate in plan of care for a client with substance or non-substance related dependency	3.21	3.00	2.40	3.21	3.19	3.41	3.23	3.10	3.05	2.75	2.92	2.78	2.78	2.99	3.52	3.13	3.09	3.03

Importance Ratings for Specialty Practice Area Subgroups

Activity #	Activity	CM	CC	EDU	ED	HC/ PA	MAT	MED	NCS	HH	OH	OR	OTH LTC	PED	PHY	PSY	RE- HAB	SCH	OTH
f2.60	Participate in client's behavior management program	2.85	2.85	2.00	3.13	3.00	3.06	3.03	2.89	3.41	2.75	2.56	3.21	2.64	2.61	3.58	3.41	3.04	3.10
f2.61	Identify reasons for non-compliance (e.g., finances, environmental stressors)	3.39	3.25	3.67	3.17	3.00	3.17	3.27	3.14	3.17	3.50	3.11	3.01	3.10	3.26	3.38	3.36	3.17	3.26
f2.62	Assist client coping (e.g., grief/loss, abuse/neglect)	3.33	3.08	3.00	3.35	3.87	3.56	3.32	3.42	3.38	3.00	3.19	3.16	2.97	3.20	3.49	3.38	3.29	3.30
f2.63	Provide care with consideration of clients spiritual/cultural/religious beliefs and values	3.25	3.30	3.40	3.14	3.60	3.64	3.43	3.46	3.45	3.10	3.58	3.25	3.23	3.20	3.31	3.52	3.38	3.40
f2.64	Provide interventions to promote client's sleep/rest	2.93	3.42	2.88	2.95	3.50	3.59	3.39	3.20	3.48	2.75	3.22	3.26	3.15	2.88	3.36	3.42	3.12	3.28
f2.65	Identify signs of abuse and neglect	3.56	3.43	3.50	3.79	3.48	3.52	3.51	3.69	3.74	2.90	3.43	3.53	3.55	3.50	3.54	3.75	3.76	3.51
f2.66	Discuss sexuality concerns with client (e.g., family planning, menopause, sexually transmitted disease (STD), erectile dysfunction)	2.83	2.93	2.71	3.19	2.77	3.55	2.94	3.26	2.66	2.89	2.83	2.61	2.88	3.23	3.04	2.95	3.38	3.11
f2.67	Delegate or assign specific task to assistive personnel	3.18	2.96	3.14	3.13	3.30	3.11	3.28	3.09	3.52	2.91	3.35	3.24	3.20	3.08	3.18	3.26	3.10	3.10
f2.68	Perform administrative duties (e.g., schedules, hiring, budget, monitor cost-effective care)	3.14	1.90	3.00	2.56	2.31	2.88	2.55	2.94	2.76	2.90	2.93	2.90	2.66	2.85	2.16	2.75	2.81	2.97
f2.69	Provide input for performance evaluations of other staff	3.00	2.58	3.13	2.81	2.53	2.82	2.82	3.19	3.08	2.67	2.95	3.07	2.76	2.82	2.71	3.03	2.71	2.99
f2.70	Recognize and manage staff conflict through appropriate use of chain of command	3.11	2.86	3.25	3.10	2.95	3.39	3.12	3.31	3.29	3.09	3.24	3.18	3.09	3.14	2.97	3.38	3.09	3.12
f2.71	Advocate for client rights or needs	3.56	3.58	3.80	3.54	3.65	3.62	3.55	3.67	3.63	3.27	3.50	3.62	3.48	3.36	3.36	3.63	3.42	3.50
f2.72	Use technology to communicate with client/healthcare team	3.53	3.38	3.44	3.33	3.39	3.52	3.27	3.35	3.19	3.40	3.32	3.12	3.43	3.23	3.03	3.48	3.31	3.35
f2.73	Refer client/family to appropriate resources	3.65	3.14	3.78	3.33	3.18	3.62	3.32	3.48	3.24	3.25	3.18	3.09	3.27	3.36	3.34	3.56	3.51	3.41
f2.74	Provide written and verbal discharge instructions to client	3.46	3.50	3.25	3.79	3.00	3.63	3.57	3.24	3.35	2.90	3.59	3.09	3.45	3.26	3.35	3.61	2.95	3.47
f2.75	Provide or participate in staff education/new employee orientation	2.88	3.29	3.25	3.41	3.33	3.34	3.21	3.37	3.31	3.36	3.44	3.16	3.32	3.22	3.18	3.61	3.03	3.31
f2.76	Recognize task/assignment you are not prepared to perform and seek assistance	3.27	3.48	3.33	3.50	3.68	3.70	3.54	3.67	3.52	3.55	3.50	3.37	3.40	3.40	3.44	3.51	3.44	3.43
f2.77	Discharge client to home or transfer client to another facility	3.27	3.04	2.50	3.43	3.23	3.61	3.29	3.17	3.25	2.38	3.32	3.05	2.74	2.73	3.12	3.30	3.08	3.22

Importance Ratings for Specialty Practice Area Subgroups

Activity #	Activity	CM	CC	EDU	ED	HC/ PA	MAT	MED	NCS	HH	OH	OR	OTH LTC	PED	PHY	PSY	RE- HAB	SCH	OTH
f2.78	Follow regulation/policy for reporting (e.g., abuse, neglect, gunshot wound, or communicable disease)	3.56	3.43	3.50	3.71	3.42	3.58	3.49	3.63	3.69	3.27	3.78	3.61	3.55	3.42	3.56	3.38	3.62	3.51
f2.79	Obtain client's signature on consent form	3.33	3.59	3.40	3.63	3.59	3.74	3.64	3.60	3.40	3.67	3.83	3.25	3.60	3.61	3.48	3.53	3.66	3.66
f2.80	Provide for privacy needs	3.83	3.78	3.90	3.74	3.71	3.91	3.81	3.75	3.82	3.69	3.93	3.79	3.73	3.83	3.81	3.79	3.82	3.82
f2.81	Provide information about advance directives	3.00	3.45	3.00	3.26	3.47	3.50	3.38	3.45	3.47	2.75	3.32	3.29	3.25	3.37	3.16	3.19	3.00	3.40
f2.82	Verify the identity of client	3.56	3.96	3.67	4.00	3.78	3.94	3.87	3.59	3.83	3.62	3.92	3.69	3.89	3.84	3.78	3.85	3.89	3.80
f2.83	Participate in preparation for internal and external disasters	3.06	3.32	3.57	3.39	3.36	3.64	3.34	3.52	3.47	3.38	3.50	3.44	3.31	3.20	3.31	3.41	3.63	3.48
f2.84	Provide information for prevention of high risk behaviors	3.31	3.20	3.50	3.45	3.25	3.44	3.29	3.40	3.38	3.11	3.10	3.23	3.17	3.11	3.41	3.50	3.40	3.34
f2.85	Reinforce information about client condition to client/family	3.33	3.43	3.20	3.50	3.52	3.59	3.31	3.58	3.46	3.27	3.29	3.36	3.47	3.30	3.29	3.49	3.35	3.45
f2.86	Use electronic medical record to document/retrieve clinical information	3.47	3.52	3.50	3.27	2.88	3.64	3.35	3.36	2.94	3.09	3.38	2.68	3.44	3.30	2.85	3.65	3.14	3.37
f2.87	Use standing orders to provide care	2.91	3.52	3.63	3.60	3.43	3.78	3.44	3.40	3.50	3.45	3.67	3.42	3.60	3.29	3.50	3.58	3.55	3.47
f2.88	Document client care using standard nomenclature and terminology (e.g., approved abbreviations)	3.63	3.79	3.60	3.71	3.65	3.81	3.62	3.50	3.65	3.62	3.71	3.40	3.56	3.61	3.58	3.65	3.54	3.62
f2.89	Obtain/transcribe healthcare provider orders (e.g., verbal, telephone)	3.29	3.60	3.44	3.55	3.50	3.74	3.68	3.72	3.75	3.09	3.68	3.60	3.48	3.64	3.70	3.71	3.47	3.65
f2.90	Collaborate with healthcare team members (e.g., evaluate, recommend treatment modalities)	3.61	3.55	3.67	3.67	3.44	3.76	3.49	3.61	3.53	3.17	3.50	3.49	3.39	3.19	3.47	3.71	3.42	3.51
f2.91	Recognize the need for and provide an interpreter	3.27	3.29	3.67	3.58	3.31	3.68	3.38	3.26	3.21	3.36	3.48	2.90	3.39	3.20	3.28	3.45	3.15	3.39
f2.92	Assist client to compensate for sensory impairment	3.14	3.48	3.25	3.23	3.42	3.35	3.38	3.25	3.45	2.67	3.22	3.42	3.20	3.12	3.25	3.67	3.00	3.38
f2.93	Participate in quality improvement initiatives	3.63	3.23	3.38	3.30	3.19	3.41	3.15	3.19	3.26	3.00	3.13	3.08	3.31	2.99	3.07	3.29	3.10	3.29
f2.94	Provide post mortem care	2.33	3.09	2.50	3.25	3.70	3.50	3.16	3.00	3.31	2.00	2.69	3.03	2.62	2.55	2.66	3.25	3.00	2.74
f2.95	Supervise care provided by others	3.20	3.00	3.00	3.56	3.20	3.00	3.36	3.35	3.74	2.33	3.35	3.48	3.42	3.11	3.40	3.62	3.26	3.29

APPENDIX I: IMPORTANCE RATINGS BY YEARS OF EXPERIENCE GROUPS

Importance Ratings by Years of Experience Groups									
Activity #	Activity	1	2	3	4	5	6	7	8
fc.1	Identify client's allergies	3.73	3.74	3.73	3.75	3.70	3.71	3.69	3.68
fc.2	Participate in a health screening program for clients	2.98	2.92	2.94	2.99	2.90	3.06	3.12	2.95
fc.3	Compare a client's development to norms	3.00	3.04	2.97	2.96	2.83	2.88	3.03	2.98
fc.4	Update client's plan of care	3.08	3.21	3.20	3.29	3.14	3.19	3.15	3.25
fc.5	Organize and prioritize care for assigned group of clients	3.22	3.41	3.24	3.32	3.18	3.25	3.22	3.22
fc.6	Take client's vital signs (e.g., temperature, pulse, blood pressure, respirations)	3.65	3.75	3.70	3.67	3.66	3.58	3.61	3.64
fc.7	Perform fetal heart monitoring	3.06	2.89	2.76	2.59	2.59	2.52	2.60	2.57
fc.8	Provide pre-, intra- and post-natal care	3.06	2.93	2.83	2.66	2.71	2.66	2.72	2.54
fc.9	Provide care that meets the special needs of clients based on their age	3.23	3.38	3.33	3.29	3.28	3.32	3.30	3.27
fc.10	Provide care for a clients with drainage device (e.g., wound drain, chest tube)	3.31	3.39	3.29	3.27	3.16	3.15	3.14	3.22
fc.11	Intervene to improve client's elimination	3.24	3.40	3.32	3.35	3.28	3.20	3.21	3.25
fc.12	Collect specimen for diagnostic testing	3.29	3.45	3.37	3.45	3.36	3.37	3.43	3.30
fc.13	Administer phototherapy treatment to newborn	2.74	2.61	2.66	2.45	2.45	2.41	2.49	2.31
fc.14	Monitor client for adverse reactions to treatments, procedures	3.60	3.71	3.65	3.66	3.57	3.60	3.55	3.52
fc.15	Administer medication by oral route	3.67	3.67	3.63	3.70	3.61	3.57	3.56	3.62
fc.16	Administer intravenous (IV) fluids	3.49	3.45	3.44	3.43	3.29	3.32	3.30	3.28
fc.17	Evaluate client's response to medication	3.67	3.73	3.72	3.74	3.69	3.70	3.69	3.67
fc.18	Follow the five rights of medication administration	3.87	3.89	3.89	3.89	3.87	3.86	3.85	3.84
fc.19	Assist client with expected life transition (e.g., attachment to newborn, parenting, puberty or retirement)	3.17	2.94	2.92	2.97	2.93	2.88	3.02	2.89
fc.20	Provide emotional support to client/family	3.59	3.60	3.53	3.56	3.57	3.61	3.62	3.63
fc.21	Provide a therapeutic environment	3.44	3.48	3.37	3.39	3.32	3.37	3.32	3.31
fc.22	Participate in group therapy session	2.98	2.66	2.60	2.55	2.57	2.51	2.61	2.59
fc.23	Provide care for client with cognitive impairment or altered mental status	3.52	3.53	3.47	3.49	3.46	3.52	3.40	3.46
fc.24	Use universal/standard precautions	3.89	3.92	3.91	3.92	3.88	3.88	3.90	3.88
fc.25	Intervene to maintain client's skin integrity	3.65	3.73	3.65	3.66	3.58	3.52	3.60	3.56
fc.26	Manage/prevent complications related to client's condition	3.52	3.59	3.56	3.59	3.52	3.53	3.53	3.54
fc.27	Communicate change in client status	3.65	3.75	3.71	3.71	3.67	3.68	3.66	3.66
fc.28	Assist in developing discharge/teaching plans	3.32	3.33	3.29	3.26	3.22	3.23	3.34	3.33
fc.29	Maintain client confidentiality	3.86	3.90	3.90	3.92	3.89	3.89	3.91	3.91
fc.30	Provide shift report	3.79	3.67	3.60	3.64	3.53	3.54	3.57	3.53
f1.31	Perform telephone triage to decide level or type of care needed	2.88	2.96	3.06	2.97	2.96	3.14	3.10	2.98
f1.32	Participate in client's health promotion program/activities	3.02	3.05	3.02	3.14	2.93	2.92	3.16	2.98
f1.33	Collect data for initial or admission health history	3.47	3.51	3.58	3.52	3.53	3.51	3.50	3.41
f1.34	Evaluate client's wound using a rating scale	3.08	3.34	3.43	3.37	3.25	3.25	3.22	3.30
f1.35	Identify client's use of coping mechanisms	3.10	3.22	3.14	3.28	3.09	3.10	3.14	3.17
f1.36	Identify factors that may affect client's recovery	3.45	3.45	3.34	3.42	3.33	3.29	3.43	3.33
f1.37	Evaluate client's potential for violence to self or others	3.55	3.50	3.42	3.51	3.40	3.34	3.33	3.35

Importance Ratings by Years of Experience Groups									
Activity #	Activity	1	2	3	4	5	6	7	8
f1.38	Identify signs and symptoms of substance abuse/chemical dependency, withdrawal or toxicity	3.32	3.33	3.25	3.31	3.12	3.14	3.30	3.24
f1.39	Identify factors that contribute to client's behavior or change in client's behavior	3.31	3.40	3.34	3.41	3.36	3.33	3.32	3.40
f1.40	Assess pain using a rating scale	3.57	3.68	3.61	3.64	3.57	3.53	3.55	3.63
f1.41	Perform focused risk assessment (e.g., developmental delay, potential for falls)	3.51	3.54	3.49	3.51	3.42	3.44	3.43	3.46
f1.42	Perform neurological or circulatory check	3.37	3.54	3.46	3.46	3.34	3.29	3.34	3.45
f1.43	Perform focused re-assessment of client	3.14	3.35	3.19	3.29	3.26	3.24	3.33	3.25
f1.44	Identify abnormalities on a client's cardiac monitor strip	3.15	3.07	3.07	3.11	2.86	2.94	3.13	3.03
f1.45	Identify signs and symptoms of an infection	3.55	3.65	3.65	3.72	3.65	3.53	3.66	3.59
f1.46	Monitor diagnostic or laboratory test results	3.37	3.53	3.48	3.57	3.51	3.47	3.51	3.50
f1.47	Apply and/or monitor use of restraints or seclusion	2.86	3.06	3.07	3.10	2.86	2.97	2.97	2.86
f1.48	Perform minor laboratory tests (e.g., urinalysis, strep, capillary blood glucose monitoring)	3.43	3.52	3.49	3.47	3.41	3.33	3.38	3.44
f1.49	Use an alternative/complementary therapy (e.g., acupressure, music therapy or herbal therapy)	2.50	2.56	2.57	2.39	2.22	2.42	2.21	2.35
f1.50	Provide feeding through and/or care for client's gastrointestinal tube (g-tube), nasogastric (NG) tube, jejunal tube (j-tube)	3.47	3.52	3.52	3.45	3.36	3.28	3.24	3.26
f1.51	Evaluate and monitor arteriovenous (AV) shunt	3.25	3.17	3.19	3.04	2.67	2.78	2.78	2.82
f1.52	Assist with central intravenous (IV) line	2.88	3.13	3.26	3.06	2.96	2.94	2.91	3.07
f1.53	Perform central line dressing change	2.98	3.20	3.20	3.08	3.00	2.92	2.85	2.96
f1.54	Insert peripheral intravenous (IV) line	3.15	3.23	3.28	3.18	2.95	3.02	2.92	3.10
f1.55	Perform bladder scan	2.97	2.84	2.67	2.66	2.26	2.43	2.50	2.64
f1.56	Provide cooling interventions for elevated temperature	3.34	3.32	3.23	3.35	3.03	3.13	3.05	3.05
f1.57	Insert urinary catheter	3.33	3.36	3.33	3.39	3.23	3.22	3.24	3.24
f1.58	Discontinue peripheral intravenous (IV) line	3.22	3.10	3.14	3.25	2.89	2.99	3.06	3.12
f1.59	Discontinue nasogastric (NG) tube	2.92	3.00	2.95	3.02	2.70	2.79	2.76	2.82
f1.60	Discontinue urinary catheter	3.25	3.24	3.14	3.29	3.03	3.08	3.12	3.14
f1.61	Perform wound care	3.51	3.52	3.53	3.58	3.40	3.39	3.48	3.48
f1.62	Perform irrigation of urinary catheter, bladder, wound, ear, nose, eye	3.26	3.26	3.18	3.31	3.08	3.06	3.10	3.10
f1.63	Change/re-insert gastrointestinal tube (g-tube)	3.26	3.03	3.14	3.09	2.89	2.85	2.85	2.90
f1.64	Insert and monitor nasogastric (NG) tube	3.09	3.03	3.09	3.08	2.80	2.82	2.83	2.82
f1.65	Provide care to client in traction	2.88	3.04	2.98	3.13	2.62	2.80	2.75	2.70
f1.66	Perform emergency care procedures (e.g., cardiopulmonary resuscitation, automated external defibrillator (AED), Heimlich maneuver)	3.70	3.67	3.81	3.70	3.63	3.56	3.61	3.62
f1.67	Intervene to improve client's respiratory status (e.g., breathing treatment, suctioning, repositioning)	3.82	3.69	3.72	3.76	3.62	3.58	3.53	3.59
f1.68	Suction a client (e.g., oropharyngeal, nasopharyngeal, tracheostomy, endotracheal)	3.47	3.59	3.56	3.54	3.40	3.38	3.37	3.50
f1.69	Provide oxygen via the prescribed modality	3.63	3.68	3.65	3.65	3.53	3.46	3.46	3.59
f1.70	Provide tracheostomy care	3.27	3.40	3.37	3.41	3.19	3.21	3.14	3.33
f1.71	Remove sutures or staples	3.15	3.11	3.08	3.14	2.97	2.92	3.00	2.97
f1.72	Apply or remove immobilizing equipment (e.g., splint, brace)	3.00	3.12	3.04	3.06	2.95	2.92	3.01	2.99

Importance Ratings by Years of Experience Groups									
Activity #	Activity	1	2	3	4	5	6	7	8
f1.73	Perform an electrocardiogram (EKG/ECG)	3.16	3.01	3.04	3.02	2.66	2.87	2.82	2.94
f1.74	Perform peritoneal dialysis	2.70	2.63	2.79	2.72	2.45	2.52	2.40	2.36
f1.75	Perform hemodialysis	2.57	2.63	2.66	2.52	2.27	2.33	2.25	2.15
f1.76	Collect blood specimen (e.g., venipuncture/peripheral intravenous/central line)	3.27	3.20	3.18	3.18	2.91	3.02	2.86	3.01
f1.77	Provide care to client on ventilator	3.03	3.03	3.15	3.15	2.88	2.78	2.78	2.80
f1.78	Perform check of client's pacemaker	2.91	3.05	3.05	2.98	2.82	2.79	2.83	2.87
f1.79	Perform care for client before or after surgical procedure	3.40	3.43	3.31	3.36	3.10	3.26	3.27	3.30
f1.80	Monitor a client recovering from conscious/moderate sedation	3.18	3.28	3.13	3.19	3.04	3.07	2.96	3.06
f1.81	Perform active and passive range of motion with/without equipment	3.11	3.26	3.14	3.15	3.04	2.99	2.91	3.00
f1.82	Maintain client's intravenous (IV) site	3.53	3.43	3.43	3.46	3.26	3.18	3.25	3.33
f1.83	Monitor continuous or intermittent suction of nasogastric (NG) tube	3.06	3.20	3.16	3.14	2.97	2.83	2.95	2.94
f1.84	Report or intervene to prevent unsafe practice of health care provider	3.68	3.59	3.57	3.61	3.64	3.44	3.55	3.53
f1.85	Assure safe functioning of client care equipment by identifying, reporting, and/or removing unsafe equipment	3.58	3.64	3.62	3.66	3.61	3.53	3.73	3.58
f1.86	Use proper body mechanics when lifting and transferring	3.75	3.74	3.74	3.78	3.77	3.76	3.76	3.70
f1.87	Identify and report hazardous conditions in work environment (e.g., OSHA, JCAHO)	3.57	3.59	3.66	3.65	3.55	3.55	3.64	3.57
f1.88	Use aseptic/sterile technique	3.69	3.80	3.79	3.83	3.75	3.79	3.85	3.78
f1.89	Follow protocol for timed client monitoring (e.g., suicide precautions, safety checks)	3.64	3.56	3.50	3.55	3.44	3.46	3.48	3.47
f1.90	Use transfer assistive device (e.g., t-belt, slide board, mechanical lift)	3.30	3.40	3.34	3.40	3.35	3.30	3.33	3.32
f1.91	Provide for mobility needs (e.g., ambulation, transfers, repositioning, use of adaptive equipment)	3.33	3.45	3.49	3.45	3.37	3.38	3.46	3.46
f1.92	Provide intra-operative care (e.g., positioning client for surgery, maintaining sterile field, providing operative observation)	3.19	3.27	3.21	3.12	2.95	2.88	3.01	2.80
f1.93	Assist with the performance of invasive procedures	3.27	3.33	3.37	3.33	3.11	3.18	3.19	3.08
f1.94	Provide appropriate follow-up after an incident (e.g., fall, client elopement, medication error)	3.58	3.61	3.60	3.62	3.52	3.53	3.61	3.54
f2.31	Contribute to the development of client's plan of care using data collected, technology and research	3.13	3.21	3.21	3.24	3.06	3.22	3.13	3.22
f2.32	Clarify prescription/order for a client	3.66	3.80	3.67	3.74	3.68	3.73	3.69	3.70
f2.33	Assist client with/or perform activities of daily living (ADLs)	3.44	3.49	3.29	3.31	3.18	3.15	3.20	3.24
f2.34	Monitor and provide for client's nutritional and hydration needs (e.g., intake/output)	3.52	3.53	3.44	3.47	3.38	3.36	3.36	3.37
f2.35	Monitor height and weight	3.06	3.26	3.18	3.09	3.16	3.14	3.17	3.14
f2.36	Provide care for clients with assistive devices (e.g., dentures, glasses, hearing aid, prosthesis, wheelchair)	3.29	3.25	3.19	3.14	3.12	3.16	3.22	3.13
f2.37	Promote independence for clients with assistive devices	3.33	3.26	3.23	3.21	3.18	3.13	3.20	3.15
f2.38	Orient client to environment upon admission	3.33	3.46	3.25	3.15	3.26	3.25	3.22	3.25
f2.39	Provide non-pharmacological measures for pain relief (e.g., guided imagery, back massage, repositioning)	3.24	3.31	3.18	3.13	3.13	3.10	3.19	3.05

Importance Ratings by Years of Experience Groups									
Activity #	Activity	1	2	3	4	5	6	7	8
f2.40	Monitor client receiving transfusion of blood product	3.39	3.29	3.10	3.21	3.15	3.15	3.22	3.04
f2.41	Initiate infusion of blood product	2.95	2.76	2.87	2.73	2.89	2.78	2.71	2.65
f2.42	Administer medication by gastrointestinal tube	3.45	3.53	3.40	3.44	3.45	3.43	3.45	3.39
f2.43	Administer a subcutaneous (SQ), intradermal, or intramuscular (IM) medication	3.62	3.69	3.63	3.65	3.62	3.65	3.60	3.59
f2.44	Administer medication via rectum, vagina, eye/ear/nose, or topical route	3.44	3.56	3.44	3.46	3.44	3.46	3.46	3.45
f2.45	Administer medication through a peripheral intravenous (IV) line by intravenous piggyback (IVPB)	3.33	3.34	3.27	3.30	3.27	3.20	3.27	3.08
f2.46	Administer medication by intravenous push (IVP)	3.22	2.96	2.92	2.91	2.88	2.81	2.83	2.71
f2.47	Administer medication through a central venous catheter	3.14	2.93	2.94	2.90	3.04	2.82	2.73	2.69
f2.48	Administer inhalation therapy (e.g., inhaler, nebulizer)	3.31	3.52	3.46	3.47	3.42	3.35	3.43	3.37
f2.49	Administer total parenteral nutrition (TPN)	3.38	3.17	3.07	2.98	3.13	3.01	2.92	2.85
f2.50	Maintain current, accurate medication list or medication administration record (MAR)	3.94	3.87	3.86	3.88	3.86	3.83	3.83	3.81
f2.51	Phone/fax client prescriptions to pharmacy	3.59	3.58	3.57	3.54	3.59	3.56	3.56	3.49
f2.52	Follow facility policy governing narcotics/controlled substances	3.91	3.84	3.86	3.83	3.82	3.78	3.86	3.81
f2.53	Include client/family in developing a plan of care	3.52	3.45	3.43	3.44	3.41	3.36	3.47	3.47
f2.54	Provide end of life care for client/family	3.73	3.50	3.42	3.50	3.44	3.44	3.56	3.36
f2.55	Provide family planning education	3.23	3.09	3.10	3.13	3.21	3.12	3.13	3.04
f2.56	Recognize barriers to communication or learning	3.42	3.40	3.33	3.33	3.33	3.42	3.48	3.36
f2.57	Encourage verbalization of concerns and questions	3.57	3.61	3.54	3.56	3.50	3.59	3.62	3.54
f2.58	Promote client's positive self-esteem	3.58	3.54	3.47	3.49	3.49	3.52	3.50	3.46
f2.59	Participate in plan of care for a client with substance or non-substance related dependency	3.18	3.09	3.02	3.01	3.02	3.17	3.16	3.16
f2.60	Participate in client's behavior management program	3.13	3.14	3.18	3.14	3.21	3.22	3.21	3.20
f2.61	Identify reasons for non-compliance (e.g., finances, environmental stressors)	3.33	3.21	3.18	3.23	3.23	3.22	3.22	3.16
f2.62	Assist client coping (e.g., grief/loss, abuse/neglect)	3.39	3.37	3.36	3.30	3.31	3.34	3.29	3.29
f2.63	Provide care with consideration of client's spiritual/cultural/religious beliefs and values	3.45	3.48	3.36	3.34	3.34	3.38	3.42	3.39
f2.64	Provide interventions to promote client's sleep/rest	3.41	3.42	3.28	3.34	3.25	3.35	3.36	3.31
f2.65	Identify signs of abuse and neglect	3.59	3.61	3.61	3.62	3.55	3.61	3.58	3.61
f2.66	Discuss sexuality concerns with client (e.g., family planning, menopause, sexually transmitted disease (STD), erectile dysfunction)	3.05	2.91	2.95	2.89	2.93	3.03	3.14	3.07
f2.67	Delegate or assign specific task to assistive personnel	3.38	3.37	3.27	3.29	3.23	3.25	3.27	3.35
f2.68	Perform administrative duties (e.g., schedules, hiring, budget, monitor cost-effective care)	2.75	2.66	2.69	2.67	2.85	2.80	2.77	2.83
f2.69	Provide input for performance evaluations of other staff	3.09	2.84	2.91	2.97	2.91	2.98	2.93	3.06
f2.70	Recognize and manage staff conflict through appropriate use of chain of command	3.22	3.13	3.17	3.21	3.19	3.15	3.16	3.26
f2.71	Advocate for client rights or needs	3.73	3.66	3.57	3.53	3.55	3.50	3.52	3.51
f2.72	Use technology to communicate with client/healthcare team	3.12	3.24	3.20	3.28	3.27	3.25	3.31	3.34
f2.73	Refer client/family to appropriate resources	3.22	3.27	3.27	3.32	3.30	3.33	3.34	3.41
f2.74	Provide written and verbal discharge instructions to client	3.44	3.43	3.31	3.33	3.39	3.43	3.39	3.43

Importance Ratings by Years of Experience Groups									
Activity #	Activity	1	2	3	4	5	6	7	8
f2.75	Provide or participate in staff education/new employee orientation	3.15	3.22	3.19	3.30	3.24	3.28	3.38	3.36
f2.76	Recognize task/assignment you are not prepared to perform and seek assistance	3.62	3.52	3.45	3.49	3.44	3.45	3.50	3.50
f2.77	Discharge client to home or transfer client to another facility	3.17	3.19	3.14	3.17	3.14	3.21	3.21	3.14
f2.78	Follow regulation/policy for reporting (e.g., abuse, neglect, gunshot wound, or communicable disease)	3.55	3.66	3.58	3.64	3.50	3.47	3.59	3.56
f2.79	Obtain client's signature on consent form	3.57	3.60	3.44	3.52	3.56	3.54	3.60	3.53
f2.80	Provide for privacy needs	3.88	3.82	3.79	3.80	3.80	3.81	3.79	3.84
f2.81	Provide information about advance directives	3.46	3.47	3.31	3.33	3.36	3.39	3.43	3.32
f2.82	Verify the identity of client	3.85	3.84	3.85	3.84	3.83	3.80	3.78	3.83
f2.83	Participate in preparation for internal and external disasters	3.45	3.41	3.36	3.42	3.36	3.44	3.44	3.43
f2.84	Provide information for prevention of high risk behaviors	3.38	3.36	3.26	3.29	3.24	3.30	3.37	3.42
f2.85	Reinforce information about client condition to client/family	3.32	3.43	3.35	3.39	3.42	3.42	3.44	3.43
f2.86	Use electronic medical record to document/retrieve clinical information	3.17	3.28	3.10	3.12	3.04	3.31	3.23	3.35
f2.87	Use standing orders to provide care	3.59	3.55	3.49	3.44	3.38	3.44	3.53	3.51
f2.88	Document client care using standard nomenclature and terminology (e.g., approved abbreviations)	3.58	3.64	3.61	3.63	3.61	3.60	3.65	3.63
f2.89	Obtain/transcribe healthcare provider orders (e.g., verbal, telephone)	3.74	3.71	3.64	3.70	3.67	3.67	3.62	3.66
f2.90	Collaborate with healthcare team members (e.g., evaluate, recommend treatment modalities)	3.48	3.54	3.44	3.52	3.47	3.45	3.53	3.48
f2.91	Recognize the need for and provide an interpreter	3.39	3.28	3.23	3.16	3.34	3.31	3.45	3.33
f2.92	Assist client to compensate for sensory impairment	3.40	3.42	3.36	3.31	3.33	3.36	3.38	3.34
f2.93	Participate in quality improvement initiatives	3.14	3.22	3.10	3.24	3.13	3.25	3.30	3.20
f2.94	Provide post mortem care	3.24	3.23	3.00	3.09	3.18	2.98	3.06	3.02
f2.95	Supervise care provided by others	3.77	3.50	3.39	3.44	3.53	3.48	3.41	3.43

APPENDIX J: IMPORTANCE RATINGS BY NCSBN GEOGRAPHIC AREA

Importance Ratings by NCSBN Geographic Area					
Activity #	Activity	I	II	III	IV
fc.1	Identify client's allergies	3.73	3.67	3.77	3.68
fc.2	Participate in a health screening program for clients	3.05	2.94	3.01	2.97
fc.3	Compare a client's development to norms	2.95	2.92	3.01	2.97
fc.4	Update client's plan of care	3.20	3.13	3.24	3.25
fc.5	Organize and prioritize care for assigned group of clients	3.23	3.31	3.22	3.30
fc.6	Take client's vital signs (e.g., temperature, pulse, blood pressure, respirations)	3.59	3.62	3.69	3.67
fc.7	Perform fetal heart monitoring	2.63	2.63	2.76	2.54
fc.8	Provide pre-, intra- and post-natal care	2.77	2.72	2.81	2.57
fc.9	Provide care that meets the special needs of clients based on their age	3.29	3.29	3.31	3.33
fc.10	Provide care for a clients with drainage device (e.g., wound drain, chest tube)	3.14	3.24	3.25	3.27
fc.11	Intervene to improve client's elimination	3.21	3.27	3.30	3.35
fc.12	Collect specimen for diagnostic testing	3.31	3.34	3.42	3.41
fc.13	Administer phototherapy treatment to newborn	2.47	2.51	2.57	2.40
fc.14	Monitor client for adverse reactions to treatments, procedures	3.57	3.60	3.63	3.62
fc.15	Administer medication by oral route	3.60	3.62	3.60	3.69
fc.16	Administer intravenous (IV) fluids	3.32	3.28	3.45	3.37
fc.17	Evaluate client's response to medication	3.68	3.69	3.72	3.73
fc.18	Follow the five rights of medication administration	3.85	3.86	3.87	3.91
fc.19	Assist client with expected life transition (e.g., attachment to newborn, parenting, puberty or retirement)	2.99	2.92	2.96	2.92
fc.20	Provide emotional support to client/family	3.56	3.59	3.56	3.65
fc.21	Provide a therapeutic environment	3.41	3.30	3.36	3.49
fc.22	Participate in group therapy session	2.63	2.47	2.63	2.71
fc.23	Provide care for client with cognitive impairment or altered mental status	3.49	3.47	3.44	3.55
fc.24	Use universal/standard precautions	3.89	3.89	3.90	3.93
fc.25	Intervene to maintain client's skin integrity	3.58	3.62	3.59	3.70
fc.26	Manage/prevent complications related to client's condition	3.56	3.54	3.54	3.61
fc.27	Communicate change in client status	3.64	3.66	3.70	3.75
fc.28	Assist in developing discharge/teaching plans	3.29	3.24	3.30	3.34
fc.29	Maintain client confidentiality	3.89	3.90	3.91	3.91
fc.30	Provide shift report	3.57	3.58	3.57	3.67
f1.31	Perform telephone triage to decide level or type of care needed	3.01	2.97	3.05	2.97
f1.32	Participate in client's health promotion program/activities	3.12	3.02	3.02	3.07
f1.33	Collect data for initial or admission health history	3.39	3.50	3.54	3.49
f1.34	Evaluate client's wound using a rating scale	3.29	3.32	3.28	3.38
f1.35	Identify client's use of coping mechanisms	3.25	3.18	3.13	3.20
f1.36	Identify factors that may affect client's recovery	3.38	3.37	3.40	3.35
f1.37	Evaluate client's potential for violence to self or others	3.35	3.39	3.42	3.49
f1.38	Identify signs and symptoms of substance abuse/chemical dependency, withdrawal or toxicity	3.24	3.20	3.26	3.33
f1.39	Identify factors that contribute to client's behavior or change in client's behavior	3.31	3.38	3.34	3.49

Importance Ratings by NCSBN Geographic Area						
Activity #	Activity	I	II	III	IV	
f1.40	Assess pain using a rating scale	3.60	3.60	3.58	3.65	
f1.41	Perform focused risk assessment (e.g., developmental delay, potential for falls)	3.44	3.50	3.48	3.45	
f1.42	Perform neurological or circulatory check	3.36	3.41	3.44	3.44	
f1.43	Perform focused re-assessment of client	3.25	3.28	3.29	3.23	
f1.44	Identify abnormalities on a client's cardiac monitor strip	3.03	2.83	3.18	2.96	
f1.45	Identify signs and symptoms of an infection	3.56	3.62	3.65	3.70	
f1.46	Monitor diagnostic or laboratory test results	3.36	3.52	3.55	3.49	
f1.47	Apply and/or monitor use of restraints or seclusion	2.98	2.88	3.09	3.00	
f1.48	Perform minor laboratory tests (e.g., urinalysis, strep, capillary blood glucose monitoring)	3.40	3.41	3.45	3.50	
f1.49	Use an alternative/complementary therapy (e.g., acupressure, music therapy or herbal therapy)	2.48	2.46	2.25	2.64	
f1.50	Provide feeding through and/or care for client's gastrointestinal tube (g-tube), nasogastric (NG) tube, jejunal tube (j-tube)	3.24	3.43	3.39	3.47	
f1.51	Evaluate and monitor arteriovenous (AV) shunt	2.80	2.93	2.98	3.02	
f1.52	Assist with central intravenous (IV) line	2.88	3.00	3.12	3.06	
f1.53	Perform central line dressing change	2.80	3.01	3.12	3.00	
f1.54	Insert peripheral intravenous (IV) line	3.09	2.94	3.21	3.11	
f1.55	Perform bladder scan	2.42	2.67	2.59	2.69	
f1.56	Provide cooling interventions for elevated temperature	3.11	3.16	3.22	3.20	
f1.57	Insert urinary catheter	3.15	3.31	3.31	3.28	
f1.58	Discontinue peripheral intravenous (IV) line	3.04	3.04	3.14	3.04	
f1.59	Discontinue nasogastric (NG) tube	2.88	2.79	2.93	2.86	
f1.60	Discontinue urinary catheter	2.99	3.16	3.20	3.14	
f1.61	Perform wound care	3.34	3.53	3.46	3.55	
f1.62	Perform irrigation of urinary catheter, bladder, wound, ear, nose, eye	3.09	3.19	3.16	3.19	
f1.63	Change/re-insert gastrointestinal tube (g-tube)	2.86	3.05	3.00	2.95	
f1.64	Insert and monitor nasogastric (NG) tube	2.92	2.94	3.01	2.79	
f1.65	Provide care to client in traction	2.79	2.86	2.93	2.88	
f1.66	Perform emergency care procedures (e.g., cardiopulmonary resuscitation, automated external defibrillator (AED), Heimlich maneuver)	3.58	3.64	3.70	3.62	
f1.67	Intervene to improve client's respiratory status (e.g., breathing treatment, suctioning, repositioning)	3.56	3.65	3.66	3.69	
f1.68	Suction a client (e.g., oropharyngeal, nasopharyngeal, tracheostomy, endotracheal)	3.33	3.52	3.47	3.55	
f1.69	Provide oxygen via the prescribed modality	3.53	3.58	3.59	3.61	
f1.70	Provide tracheostomy care	3.06	3.33	3.30	3.41	
f1.71	Remove sutures or staples	2.92	3.08	3.09	2.90	
f1.72	Apply or remove immobilizing equipment (e.g., splint, brace)	2.83	3.05	3.03	3.03	
f1.73	Perform an electrocardiogram (EKG/ECG)	2.83	2.81	3.02	2.94	
f1.74	Perform peritoneal dialysis	2.28	2.66	2.63	2.48	
f1.75	Perform hemodialysis	2.26	2.36	2.57	2.30	
f1.76	Collect blood specimen (e.g., venipuncture/peripheral intravenous/central line)	2.98	2.91	3.19	3.05	
f1.77	Provide care to client on ventilator	2.84	2.98	2.97	2.96	
f1.78	Perform check of client's pacemaker	2.65	2.91	2.96	2.99	

Importance Ratings by NCSBN Geographic Area

Activity #	Activity	I	II	III	IV
f1.79	Perform care for client before or after surgical procedure	3.13	3.28	3.37	3.26
f1.80	Monitor a client recovering from conscious/moderate sedation	2.89	3.02	3.22	3.14
f1.81	Perform active and passive range of motion with/without equipment	3.00	3.10	3.07	3.15
f1.82	Maintain client's intravenous (IV) site	3.26	3.29	3.40	3.39
f1.83	Monitor continuous or intermittent suction of nasogastric (NG) tube	2.96	3.02	3.10	2.99
f1.84	Report or intervene to prevent unsafe practice of health care provider	3.58	3.58	3.55	3.58
f1.85	Assure safe functioning of client care equipment by identifying, reporting, and/or removing unsafe equipment	3.65	3.59	3.63	3.63
f1.86	Use proper body mechanics when lifting and transferring	3.72	3.75	3.74	3.77
f1.87	Identify and report hazardous conditions in work environment (e.g., OSHA, JCAHO)	3.58	3.58	3.59	3.68
f1.88	Use aseptic/sterile technique	3.75	3.78	3.80	3.83
f1.89	Follow protocol for timed client monitoring (e.g., suicide precautions, safety checks)	3.50	3.51	3.48	3.55
f1.90	Use transfer assistive device (e.g., t-belt, slide board, mechanical lift)	3.31	3.43	3.30	3.37
f1.91	Provide for mobility needs (e.g., ambulation, transfers, repositioning, use of adaptive equipment)	3.40	3.46	3.42	3.46
f1.92	Provide intra-operative care (e.g., positioning client for surgery, maintaining sterile field, providing operative observation)	2.87	3.06	3.11	2.99
f1.93	Assist with the performance of invasive procedures	3.03	3.17	3.31	3.26
f1.94	Provide appropriate follow-up after an incident (e.g., fall, client elopement, medication error)	3.54	3.58	3.58	3.60
f2.31	Contribute to the development of client's plan of care using data collected, technology and research	3.23	3.11	3.21	3.23
f2.32	Clarify prescription/order for a client	3.71	3.70	3.72	3.74
f2.33	Assist client with/or perform activities of daily living (ADLs)	3.34	3.28	3.27	3.22
f2.34	Monitor and provide for client's nutritional and hydration needs (e.g., intake/output)	3.46	3.39	3.42	3.45
f2.35	Monitor height and weight	3.12	3.11	3.21	3.17
f2.36	Provide care for clients with assistive devices (e.g., dentures, glasses, hearing aid, prosthesis, wheelchair)	3.11	3.15	3.16	3.25
f2.37	Promote independence for clients with assistive devices	3.09	3.19	3.19	3.28
f2.38	Orient client to environment upon admission	3.18	3.24	3.27	3.31
f2.39	Provide non-pharmacological measures for pain relief (e.g., guided imagery, back massage, repositioning)	3.09	3.17	3.13	3.23
f2.40	Monitor client receiving transfusion of blood product	3.30	3.11	3.26	3.02
f2.41	Initiate infusion of blood product	2.97	2.59	2.96	2.54
f2.42	Administer medication by gastrointestinal tube	3.40	3.41	3.45	3.51
f2.43	Administer a subcutaneous (SQ), intradermal, or intramuscular (IM) medication	3.59	3.61	3.64	3.67
f2.44	Administer medication via rectum, vagina, eye/ear/nose, or topical route	3.39	3.42	3.46	3.58
f2.45	Administer medication through a peripheral intravenous (IV) line by intravenous piggyback (IVPB)	3.10	3.09	3.39	3.21
f2.46	Administer medication by intravenous push (IVP)	2.72	2.68	3.17	2.51
f2.47	Administer medication through a central venous catheter	2.73	2.67	3.09	2.78
f2.48	Administer inhalation therapy (e.g., inhaler, nebulizer)	3.35	3.39	3.43	3.53
f2.49	Administer total parenteral nutrition (TPN)	2.95	2.88	3.16	3.02

Importance Ratings by NCSBN Geographic Area					
Activity #	Activity	I	II	III	IV
f2.50	Maintain current, accurate medication list or medication administration record (MAR)	3.80	3.83	3.86	3.90
f2.51	Phone/fax client prescriptions to pharmacy	3.48	3.54	3.54	3.66
f2.52	Follow facility policy governing narcotics/controlled substances	3.80	3.83	3.82	3.86
f2.53	Include client/family in developing a plan of care	3.45	3.39	3.45	3.45
f2.54	Provide end of life care for client/family	3.37	3.47	3.45	3.54
f2.55	Provide family planning education	3.09	3.09	3.17	3.07
f2.56	Recognize barriers to communication or learning	3.41	3.30	3.40	3.44
f2.57	Encourage verbalization of concerns and questions	3.53	3.55	3.56	3.61
f2.58	Promote client's positive self-esteem	3.46	3.47	3.49	3.57
f2.59	Participate in plan of care for a client with substance or non-substance related dependency	3.22	3.02	3.10	3.11
f2.60	Participate in client's behavior management program	3.17	3.12	3.09	3.38
f2.61	Identify reasons for non-compliance (e.g., finances, environmental stressors)	3.20	3.21	3.20	3.29
f2.62	Assist client coping (e.g., grief/loss, abuse/neglect)	3.38	3.33	3.30	3.35
f2.63	Provide care with consideration of client's spiritual/cultural/religious beliefs and values	3.39	3.32	3.40	3.45
f2.64	Provide interventions to promote client's sleep/rest	3.32	3.28	3.32	3.39
f2.65	Identify signs of abuse and neglect	3.63	3.58	3.56	3.68
f2.66	Discuss sexuality concerns with client (e.g., family planning, menopause, sexually transmitted disease (STD), erectile dysfunction)	3.02	2.94	3.05	2.91
f2.67	Delegate or assign specific task to assistive personnel	3.23	3.18	3.33	3.41
f2.68	Perform administrative duties (e.g., schedules, hiring, budget, monitor cost-effective care)	2.92	2.62	2.81	2.73
f2.69	Provide input for performance evaluations of other staff	2.96	2.90	2.99	2.96
f2.70	Recognize and manage staff conflict through appropriate use of chain of command	3.20	3.11	3.23	3.24
f2.71	Advocate for client rights or needs	3.59	3.51	3.54	3.62
f2.72	Use technology to communicate with client/healthcare team	3.27	3.19	3.28	3.34
f2.73	Refer client/family to appropriate resources	3.31	3.30	3.32	3.37
f2.74	Provide written and verbal discharge instructions to client	3.38	3.33	3.43	3.37
f2.75	Provide or participate in staff education/new employee orientation	3.34	3.22	3.28	3.35
f2.76	Recognize task/assignment you are not prepared to perform and seek assistance	3.52	3.43	3.49	3.52
f2.77	Discharge client to home or transfer client to another facility	3.20	3.10	3.19	3.20
f2.78	Follow regulation/policy for reporting (e.g., abuse, neglect, gunshot wound, or communicable disease)	3.60	3.55	3.55	3.64
f2.79	Obtain client's signature on consent form	3.50	3.53	3.56	3.55
f2.80	Provide for privacy needs	3.84	3.81	3.80	3.83
f2.81	Provide information about advance directives	3.41	3.35	3.37	3.40
f2.82	Verify the identity of client	3.86	3.81	3.82	3.85
f2.83	Participate in preparation for internal and external disasters	3.49	3.30	3.45	3.48
f2.84	Provide information for prevention of high risk behaviors	3.35	3.24	3.31	3.43
f2.85	Reinforce information about client condition to client/family	3.33	3.41	3.40	3.45
f2.86	Use electronic medical record to document/retrieve clinical information	3.32	3.18	3.20	3.18
f2.87	Use standing orders to provide care	3.41	3.40	3.47	3.61

Importance Ratings by NCSBN Geographic Area

Activity #	Activity	I	II	III	IV
f2.88	Document client care using standard nomenclature and terminology (e.g., approved abbreviations)	3.60	3.56	3.65	3.67
f2.89	Obtain/transcribe healthcare provider orders (e.g., verbal, telephone)	3.65	3.64	3.67	3.70
f2.90	Collaborate with healthcare team members (e.g., evaluate, recommend treatment modalities)	3.53	3.45	3.48	3.51
f2.91	Recognize the need for and provide an interpreter	3.48	3.18	3.29	3.32
f2.92	Assist client to compensate for sensory impairment	3.41	3.31	3.34	3.43
f2.93	Participate in quality improvement initiatives	3.31	3.12	3.20	3.28
f2.94	Provide post mortem care	3.17	3.00	3.09	3.16
f2.95	Supervise care provided by others	3.39	3.42	3.43	3.59