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NCSBN Research Brief

Report of Findings from the
2002
RN Practice Analysis
Linking the NCLEX-RN®
Examination to Practice

June Smith, PhD, RN
Lynda Crawford, PhD, RN, CAE

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J.S., L.C.

Executive Summary

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

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

Panel of Subject Matter Experts

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

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

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

Questionnaire Development

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

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

Survey Process

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

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

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

Return Rates

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

Demographics, Experiences and Practice Environments of Participants

Demographics/Past Experiences

The majority of survey respondents reported being female (88.6%). The age of respondent nurses was 31.96

years (SD 8.4 years). Just over half (54.4%) of respondents to the current study reported being white; 20.4% were of Asian descent; 13.1% of the respondents were African American, and 9% were of Latino or Hispanic descent.

Associate degree education was reported by 54.4% of respondents; 25.9% reported having baccalaureate degrees and 11.5% of respondents reported education outside the U.S.

Respondents reported working an average of 5.96 months as registered nurses and candidates educated in the U.S. were an average of 12.11 months post graduation.

About 15.9% of the survey respondents reported having worked outside the U.S. as a registered nurse.

An average of 3.14 years of work as a nurse aide was reported by 55.6% of survey respondents, and 22.1% reported working an average of 7.15 years as an LPN or LVN.

Orientation

Most of the respondents to the current study reported receiving some kind of orientation. No formal orientation was reported by 5.5%, and 0.7% reported having only classroom instruction or skills lab work for their orientations. The majority (72.1%) reported working with an assigned mentor or preceptor for an average of about 8 weeks and 13.1% reported performing supervised work with patients for an average of 7.1 weeks. Only 6.1% reported having a formal internship, but those who did spent an average of 12 weeks in orientation.

Certifications Earned

About 83% of respondents reported that they had not earned one or

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

Facilities

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

Practice Settings

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

Types and Ages of Clients

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

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

Shifts Worked

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

Time Spent in Different Categories of Nursing Activities

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

Administrative Responsibilities/ Primary Administrative Position

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

Activity Performance Findings

Representativeness of Activity Statements

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

Applicability of Activities to Practice Setting

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

Frequency of Activity Performance

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

Priority of Activity Performance

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

Knowledge Category Results

The subject matter expert panel for the 2002 RN Practice Analysis created and defined 18 categories of knowledge necessary for the performance of newly licensed nurse practice. The knowledge categories were included in the 2002 RN Practice

Analysis survey with their definitions. Survey respondents were asked to provide two ratings for each knowledge category: importance of the knowledge category to the work they performed in their nurse practice settings on a scale of 0 to 3 with 3 equaling very important; and utilization of the knowledge on a scale of 0 (“I do not use the knowledge”), 1 (“I recognize/recall the knowledge”) and 2 (“I apply/interpret/analyze the knowledge”).

Importance and usage

The importance ratings provided by respondents ranged from 1.46 to 2.92. The knowledge categories that were least used (had the highest percentages of respondents answering “I do not use the knowledge”) were “Economics” and “Nursing research.” Those areas of knowledge that respondents were most likely to recognize or recall were also “Economics” and “Nursing research.” The areas of knowledge most applied, interpreted or analyzed were “Knowledge needed to perform nursing procedures and psychomotor skills” and “Communication skills.”

Activity/Knowledge Category Linking

Activity statements were individually linked to from 1 to 8 of the knowledge categories. The knowledge categories linked to the greatest numbers of items were “Biologic sciences,” “Knowledge needed to perform nursing procedures and psychomotor skills,” “Communication skills,” and “Pathophysiology.”

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Background of Study

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

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

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

Methodology

NCSBN utilizes an incumbent task inventory methodology in performing analyses of new nurse practice. Widely used in the health profession testing community, this methodology utilizes a task list developed by a panel of experts to ascertain the frequency of performance and priority of those tasks within the practice settings of nurses within their first six months of practice. The ratings provided by survey respondents relative to those tasks form the base structure for decisions about the knowledge, skills and abilities necessary for safe practice.

The panel of experts for the 2002 RN Practice Analysis formulated a list of tasks performed by new nurses, and then devised a list of knowledge categories necessary for the performance of those tasks. Both the task list and the knowledge categories were included on the practice analysis survey. Survey responses will be used to assist the Examination Committee in its review of the *NCLEX-RN® Examination Test Plan* and form a basis for deciding what knowledge, skills and abilities will need to be tested to measure competence for safe practice.

Panel of Subject Matter Experts

A panel of 10 registered nurses was assembled to assist with the practice analysis. Panel members all worked with and/or supervised the practice of registered nurses within their first six months of practice and repre-

sented all geographic areas of the country and all major nursing specialties. See Appendix A for a listing of panel members.

The panel of experts performed five tasks crucial to the success of the practice analysis study. First, they reviewed summaries of activities from activity logs completed by 107 newly licensed RNs working in various practice settings across the United States. Using the findings from the activity logs, past practice analysis task statements, job descriptions and performance evaluation documents, as well as their own intimate knowledge of new nurse practice, the panel created a task category structure describing the types of activities performed by new nurses. They were careful to create a category structure that was clear, understandable and logical.

Once the activity category structure was created, the panel members worked to create a list of tasks performed within each category. Each task was reviewed for applicability to entry-level practice and relationship to the delivery of safe care to members of the public. Care was taken to create the tasks at approximately the same level of specificity and to avoid task redundancy across categories. The list of task statements included in the 2002 RN Practice Analysis may be found in Appendix B.

After the task list had been completed, the panel started to consider the types of knowledge needed to perform activities pertinent to entry level nursing practice.

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

Panel members then provided information necessary for validation of the practice analysis survey. After the activity items had undergone review and editing by the 2002 NCSBN Examination Committee, panel members individually provided three estimates for each activity. They estimated the percentage of nurses in the country that would perform the activity within their practice settings, the average frequency with which each activity was performed daily by nurses performing the activity (on a 0 to 5+ scale) and the average priority the activity would have in relation to the provision of safe client care.

Finally, panel members performed an exercise linking the knowledge categories to the activity items. Each panel member considered the 18 knowledge categories as they related to each of the activity items and indicated which of the knowledge categories were used in performing each activity. The panel ratings were aggregated and knowledge categories achieving an agreement from at least five of the panel members for an individual activity item were linked to that item.

Questionnaire Development

A number of processes were used to create, evaluate and refine the survey instrument used for the 2002 RN Practice Analysis study. First, the activity items and knowledge categories created by the panel of experts were reviewed and edited by the

2002 NCSBN Examination Committee. The resulting 137 activity items and 18 knowledge categories were incorporated into a survey format.

That preliminary survey was used in a pilot study to explore the clarity and efficacy of the survey questions and instructions. The pilot study, performed in May and June of 2002, revealed that the survey was too long and instructions for completing the priority ratings needed improvement.

The questionnaire was thus modified. Two forms of the survey were created to decrease the number of activity items contained on each. Twenty-five of the activity items were included on both survey forms. Those items were carefully selected to be those most commonly performed and those performed by small numbers of nurses in specialized practice settings. The remaining 112 activity items were randomly selected for placement on the two survey forms with care taken to place approximately equal numbers of items from each activity category and from each section of the current test plan on each survey form. The resulting surveys each contained 81 activity items. Besides the 56 activity items unique to the individual forms, the two survey questionnaires were identical.

The survey contained six sections. In the first section, questions related to the participant's work experience including months of work as an RN, and type and length of work orientation. The second section contained questions about the respondents' work environments including questions about work

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

Survey Process

Sample Selection

A stratified random sample of 4,000 RNs was selected from lists of candidates successful on the NCLEX-RN® examinations between March 1, 2002, and May 31, 2002. The sample was stratified by type of basic nursing education and by area of the country, with processes being used to include representative numbers of subjects from each of the NCSBN jurisdictions. Representative numbers of successful candidates educated in foreign countries were also included.

Representativeness

The sample selected for this study was proportionally equivalent to the population from which the sample was drawn in terms of area of the country, type of basic nursing education program, subject ethnicity and subject gender.

Mailing Procedure

The sample of 4,000 was divided into two while maintaining the stratification within each sample. Each of the two survey forms was sent to 2,000 of the sampled newly licensed nurses. A five-stage mailing process was used to engage the participants in the study. A preletter was sent to each person selected for the sample. A week later the survey, with a cover letter and postage-paid return envelope, was mailed. One week later a postcard was sent to all participants, reiterating the importance of the study, and urging participation. Approximately a week after the first postcard, a second reminder postcard was sent to nonrespondents, and two weeks later a second survey was mailed to continued nonrespondents. The survey was conducted October through November 2002.

Confidentiality

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

Return Rates

A total of 190 of the 4,000 surveys were mailed to bad addresses. There were 1,552 returned for an overall 40.7% return rate. Of the 1,552 surveys received, 25 were unable to be analyzed, 118 respondents reported they were not working in nursing,

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

Summary

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

Study Participants

Demographics, Experiences and Practice Environments of Participants

Demographic information, including racial and ethnic backgrounds, educational preparation and gender, is presented below, followed by descriptions of respondents' work environments, including settings, shifts worked and client characteristics.

Demographics/Past Experiences

The majority of survey respondents reported being female (88.6%). This was the same percentage found in the 1999 RN Practice Analysis (Hertz, Yocom, & Gawel, 2000), and comparable to the 88% of females in both the study population and the sample drawn for the study. See Figure 1 for respondent gender. The age of respondent nurses averaged 31.96 years (SD 8.4 years).

Participants in this study were more ethnically diverse than in the 1999 Practice Analysis (Hertz et al., 2000) with 54.4% of respondents to the current study reporting being white compared to 80.9% of the respondents to the 1999 Practice Analysis (Hertz et al., 2000). The percentage of white respondents matched the 54.5% of white individuals in the study population and the 53.6% of white subjects in the sample of 4,000 selected for the study.

The categories used to record the ethnic/racial backgrounds of individuals in the population

differed from those used in this study making further comparisons difficult. The current study was responded to by 20.4% of individuals of Asian descent, 13.1% of African American descent, and 9% of Latino or Hispanic descent. See Figure 2 for a complete list of racial/ethnic backgrounds of survey respondents.

Associate degree education was reported by 54.4% of respondents; 25.9% reported having baccalaureate degrees, 11.5% reported education outside the U.S. and 3.6% were diploma graduates. These numbers closely mirrored the proportions in the population from which the study sample was derived. See Figure 3.

Respondents reported working an average of 5.96 months as registered nurses and candidates educated in the U.S. were an average of 12.11 months post graduation. See Figure 4.

About 15.9% of the survey respondents reported having worked outside the U.S. as a registered nurse.

An average of 3.14 years of work as a nurse aide was reported by 55.6% of survey respondents, and 22.1% reported working an average of 7.15 years as an LPN or LVN. See Figure 5.

The percentage of respondents from each NCSBN Area was directly proportional to the percentage of respondents in the population and the sample (Area I: 25% pop., 25% sample, 26% responses; Area II: 22% pop., 22% sample, 23% responses;

Figure 1. Gender of Newly Licensed Nurses in 1999 and 2002

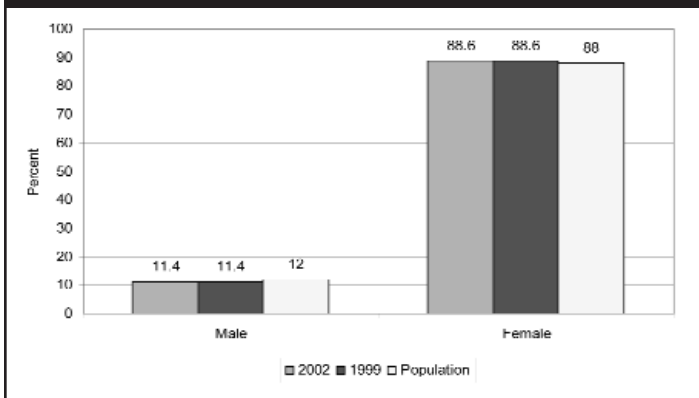


Figure 2. Race/Ethnicity of Newly Licensed Nurses in 1999 and 2002

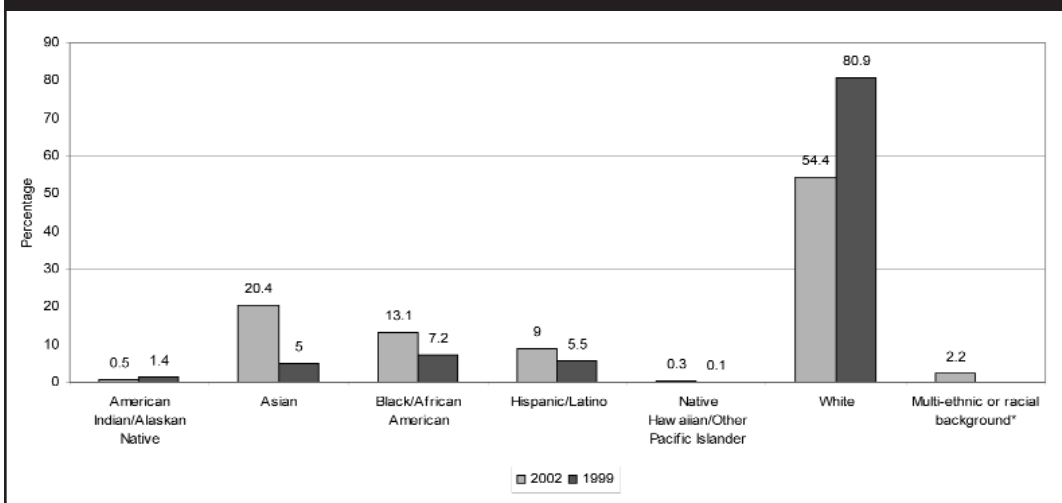
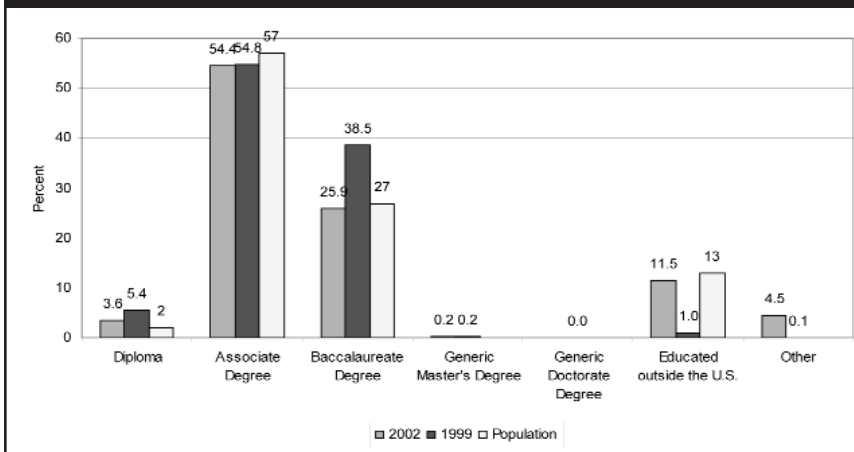


Figure 3. Educational Programs of Newly Licensed Nurses in 1999 and 2002



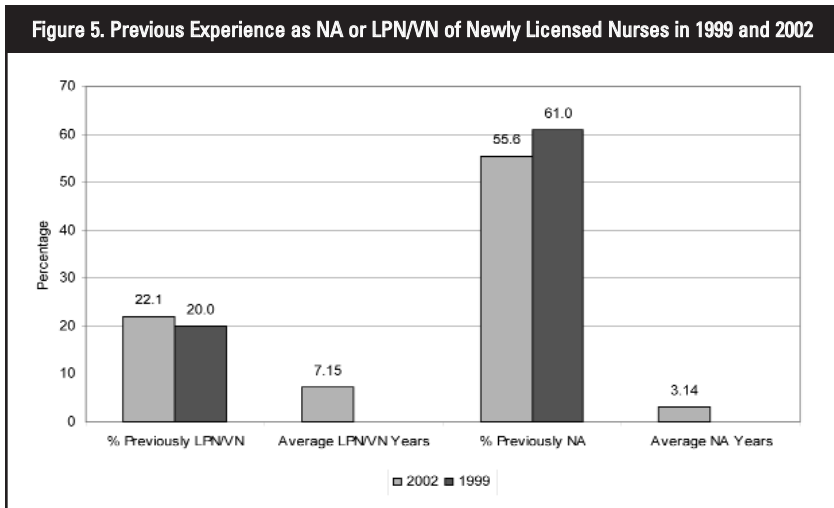
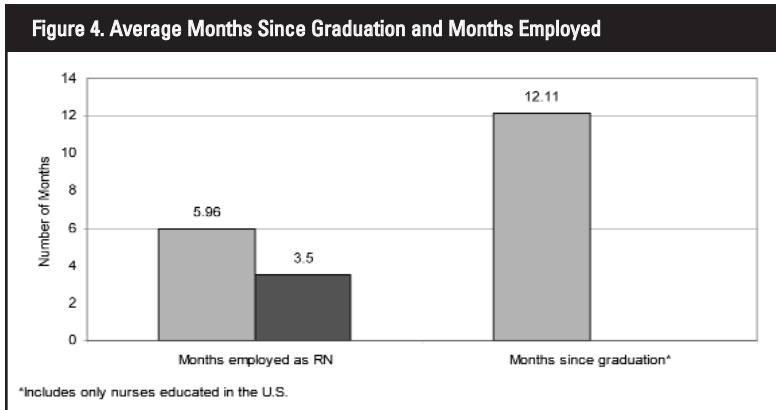


Table 1. Type and Length of Orientation

	%	Ave. Weeks
No formal orientation	5.5	—
Classroom instruction/skills lab only	0.7	3.7
Classroom and/or skills lab plus supervised work with patients	13.1	7.1
Work with an assigned preceptor w/ or w/o additional classroom or skills lab work	72.1	8.0
Formal internship w/ or w/o additional classroom or skills lab work	6.1	12.3
Other	2.5	7.5

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

Orientation

Most of the respondents to the current study reported receiving some kind of orientation. No formal orientation was reported by 5.5%; and 0.7% reported having only classroom instruction or skills lab work for their orientations. The majority (72.1%) reported working with an assigned mentor or preceptor for an average of about 8 weeks and 13.1% reported performing supervised work with patients for an average of 7.1 weeks. Only 6.1% reported having a formal internship, but those who did spent an average of 12 weeks in orientation. See Table 1 for types of orientations with average time spent in each.

Certifications Earned

Overall, more respondents to the current study reported earning additional certification or completing coursework since graduation than did those responding to the 1999 study (Hertz et al., 2000). Only 16.7% of current respondents reported that they had not earned an additional certification or completed coursework compared to 31.9% of 1999 respondents (Hertz et al., 2000). Basic Life Support (65.1%), Intravenous Therapy (33.2%) and Advanced Cardiac Life Support (26.6%) were the most frequently reported certifications. See Table 2 for a complete listing of additional coursework and/or certifications completed by survey respondents.

Table 2. Additional Coursework/Certifications

Type of Additional Coursework/Certification	2002 (n=1,317) %	1999 (n=1,385) %
Advanced Cardiac Life Support	26.6	16.8
Basic Life Support	65.1	45.3
Chemotherapy	4.8	3.1
Conscious Sedation*	13.3	
Coronary Care	6.8	4.2
Critical Care	15.0	8.1
Intravenous Therapy	33.2	22.3
Peritoneal Dialysis*	5.0	
Rehabilitation	2.5	0.5
None	16.7	31.9
Other	22.2	18.7

*Category not included on 1999 survey.

Table 3. Employing Facilities

Type of Facility/Organization	2002 (n=1,317) %	1999 (n=1,385) %
Hospital	84.1	86.8
Long-term care	9.8	7.1
Community-based care	5.2	4.4
Other	1	1.1

Work Settings

Facilities

The majority (84.1%) of newly licensed nurses in this study reported working in hospitals (see Table 3). Only 5.2% reported working in community-based facilities and 9.8% reported working in long-term care. The numbers reporting work in long-term care were 2.7% higher than the 1999 study (Hertz et al., 2000). The numbers of beds reported in employing hospitals or nursing homes were mostly distributed among 100-299 beds (31.1%), 300-

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

Practice Settings

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

Types and Ages of Clients

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

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

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

Shifts Worked

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

Time Spent in Different Categories of Nursing Activities

The respondents to the current study were asked to record the numbers of hours spent performing specific categories of activities (see Table 6). The hours spent were then converted to proportions of time by dividing the number of hours reported spent in each category by the hours reported at work. Because nurses often perform more than one

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

Administrative Responsibilities/Primary Administrative Position

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

Table 4. Employment Setting Characteristics

Setting Characteristic	2002 (n=1,317) %	1999 (n=1,385) %
Number of Hospital or Nursing Home Beds		
Under 100 beds	11.6	11.6
100 - 299 beds	31.1	28.7
300 - 499 beds	25.5	25.7
500 or more beds	24.2	25.3
Don't know	7.7	8.7
Location of Employment Setting		
Urban/metropolitan area	60.8	63.4
Suburban	27.3	23.5
Rural	11.9	13.1
Population of Employment Setting		
Less than 20,000	7.8	8.3
20,000 to 49,999	10.4	12.2
50,000 to 99,999	14.1	13.0
100,000 to 500,000	16.0	22.7
Greater than 500,000	19.7	21.8
Don't know	32.1	22.1

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

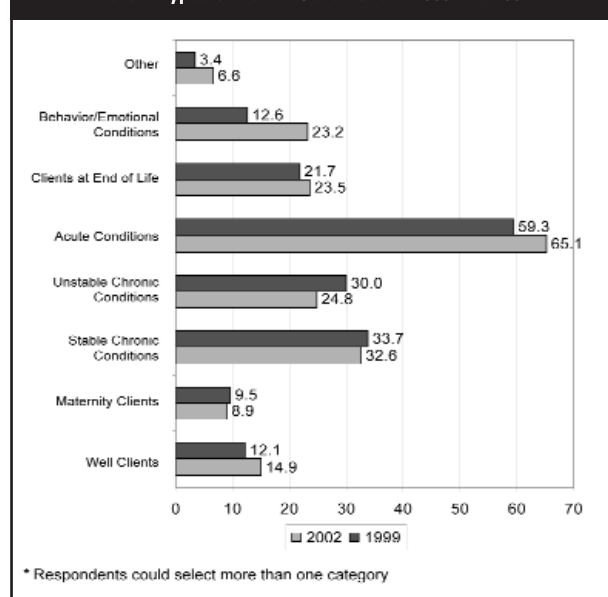


Table 5. Practice Settings

Practice Setting*	2002 (n=1,317) %	1999 (n=1,385) %
Critical care (e.g., ICU, CCU, step-down units, pediatric/neonatal intensive care, emergency department, post-anesthesia recovery, etc.)	30.9	28.3
Medical-surgical unit or any of its subspecialties	39.8	42.9
Pediatrics or nursery	6.2	9
Labor and delivery	4.3	4.8
Postpartum unit	4.3	4.7
Psychiatry or any of its subspecialties	2.5	2.7
Operating room, including outpatient surgery and surgicenters	3	2.7
Nursing home, skilled or intermediate care	10.5	8.8
Other long-term care (e.g., residential care, developmental disability/mental retardation care, etc.)	1.1	1.2
Rehabilitation	2.7	2.6
Subacute unit	2.6	3
Transitional care unit [^]	1.1	^
Physician's/dentist's office	1.2	1.6
Occupational health	0.1	0.4
Outpatient clinic	1.2	0.9
Home health, including visiting nurses associations	1.9	1.7
Public health	0.2	0.3
Student/school health	0.4	0.3
Hospice care	0.8	0.4
Prison	0.5	0.5
Other	3.7	5.1

*Survey participants could select more than one setting to describe their practices.

[^]Transitional care was combined with subacute care on the 1999 survey.

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

Alternative/Complementary Therapies Used in Entry Level Practice

Respondents to the 2002 RN Practice Analysis were asked to indicate which, if any, alternative/complementary therapies they used in their current nursing positions. Most respondents (50.7%) indicated that they did not use alternative/complementary therapies. The most commonly used therapies were relaxation therapy (29.1%), massage therapy (13.3%) and music therapy (11.8%). The least used therapies were naturopathy (0.2%), dance therapy (0.5%) and aromatherapy (1.2%). See Table 8 for the list of alternative/complementary therapies included on the 2002 RN Practice Analysis survey and the percentage of respondents reporting their use.

Summary

The nurses responding to the 2002 RN Practice Analysis Survey were primarily female with an average age of 32 years. Most worked straight day or night shifts in medical/surgical and critical care units of hospitals. The majority were provided an orientation with an assigned preceptor or mentor for an average of 8 weeks. They spent the majority of their time assessing or evaluating clients, giving medications, providing routine care and working within the health care team.

Figure 7. Percentages of Newly Licensed RNs Caring for Clients of Different Ages in 1999 and 2002

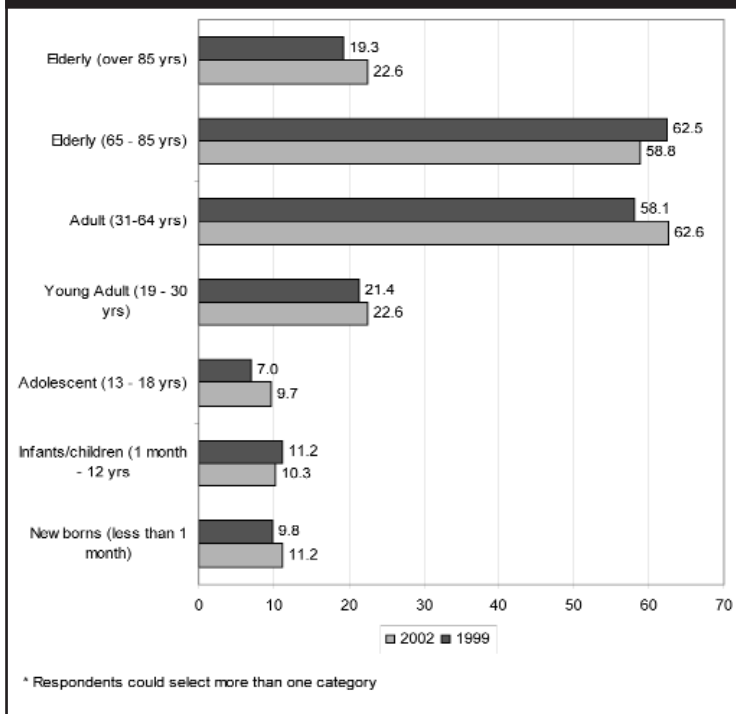


Table 6. Average Time Spent in Different Categories of Nursing Activities

Categories of Activities		Average Hours	Proportion of Work Hours [^]	Standardized Proportion*
Medication-Related Activities	Perform activities necessary for safe medication administration (check for incompatibilities, give medications by appropriate routes, check for side effects and/or desired effects, etc.)	2.3	0.23	0.16
Psychological Needs Activities	Perform activities related to the psychological needs of clients (assess for client and family psychological needs; provide support and interventions to assist with coping and maintenance or improvement of psychological functioning; etc.)	1.5	0.15	0.10
Assessment/Evaluation Activities	Perform activities related to assessment and/or evaluation of patients (assess physical status, evaluate lab results, monitor treatment effects, reassessment rounds, etc)	2.8	0.29	0.19
Routine Care/Procedure Activities	Perform routine patient care activities (provide routine cares such as baths, VSs, ambulation, etc.; perform procedures such as wound care, placing urinary catheters, starting IVs, etc.)	2.1	0.20	0.14
Care Environment Activities	Perform activities related to the care environment (assess clients' home environments, provide a safe care environment, assess for safe functioning of client care equipment, etc.)	1	0.10	0.06
Education Activities	Provide educational support to clients and families (assess level of knowledge, teach about condition and interventions, provide information about caring for others, etc.)	1.2	0.13	0.08
Health Care Team Activities	Work effectively within a health care team (supervise or guide care provided to clients by other staff; communicate with physician, dietitian, physical therapy, respiratory therapy, and/or other health team members about clients; take verbal or phone orders; perform discharge planning; teach staff members, etc.)	2.2	0.22	0.14
Administrative/Management Activities	Perform administration/management activities (e.g., schedule staff hours; hire, fire, or discipline staff members; make staff assignments; plan staff education activities; order supplies, etc.)	0.3	0.03	0.02
Ethical/Legal	Perform activities related to the ethical or legal aspects of care (enquire about clients' advanced directives; provide for client privacy; act as a client advocate, etc.)	1.1	0.11	0.07
Other Activities		1.2	0.12	0.08

[^]Hours spent in each category divided by number of hours worked.

*Hours spent in each category divided by sum of hours spent in all categories.

Figure 8. Newly Licensed RN Shifts Worked in 1999 and 2002

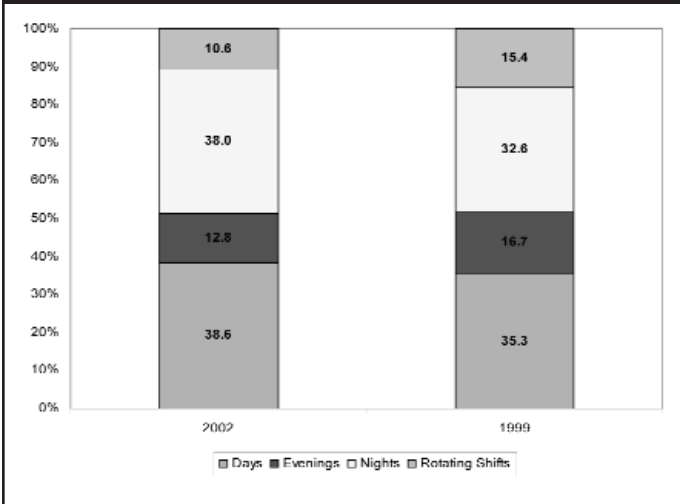


Table 7. Administrative Responsibilities

	Administrative Responsibility %	Primary Administrative Position*
All facilities	29.9	10.0
Hospital	23.1	5.3
Long-term care	71.9	41.3
Community-based care	50.8	21.5
Other	66.7	16.7

*Percent of all relevant respondents.

Table 8. Alternative/Complementary Therapies Used in Entry Level Practice

Alternative/Complementary Therapy	%
Do not use alternative/complementary therapies	50.7
Acupressure or therapeutic touch	6.9
Aromatherapy	1.2
Art therapy	3.0
Biofeedback	2.2
Dance therapy	0.5
Imagery	9.9
Massage therapy	13.3
Music therapy	11.8
Naturopathy	0.2
Pet therapy	5.2
Relaxation therapy	29.1
Other	4.9

Activity Performance Findings

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

Overview of Methods

The 2002 RN Practice Analysis survey asked respondents to answer two questions about each activity. Question A addressed the frequency of activity performance. The scale of frequency ranged from “Never performed in work setting” to 5+. Respondents were instructed to mark “Never performed in work setting,” then move to the next activity if an activity did not apply to their work settings. If the activity did apply to a work setting, the respondent was asked to mark a six-point scale of 0 to 5+ reflecting the frequency with which the activity had been performed on the last day of work, and to rate the overall priority of the activity considering client safety, and/or threat of complications or distress on a scale of 1 to 4, with 1 equaling the lowest priority and 4 representing the highest priority. The respondent ratings were analyzed in three parts. Applicability to practice setting was assessed by analyzing the numbers of respondents not marking the “Never

performed in work setting” response. Frequency of activity performance was analyzed using the 0 to 5+ scale on which respondents recorded their last day’s frequency of activity performance. Priority was evaluated by analyzing the 1 to 4 priority scale.

Activity Performance Characteristics

Representativeness of Activity Statements

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

Applicability of Activities to Practice Setting

Respondents indicated if each of the activities was applicable to his or her work setting by leaving the “Never performed in work setting” response unmarked. The percentages of newly licensed nurses indicating that the activities were applicable are reported in Table 9. The activities ranged from 16% applicability (16% of the respondents reported that the activity was performed within their work settings) to 100% (all of the respondents reported the activity was performed within their work settings).

Of the 137 activities included in the study, the activities reported to apply to the settings of the lowest numbers of participants were related to care of maternity clients and newborns, performing peritoneal dialysis

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

Frequency of Activity Performance

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

Setting Specific

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

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

Total Group

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

Priority of Activity Performance

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

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

Priority ratings were recorded using a 4-point scale: “1” (lowest priority) to “4” (highest priority). The average priority values for the 137 nursing activities ranged from a low of 2.02 to a high of 3.86. The activities with the lowest priority ratings were “Provide care and/or support for client with nonsubstance-related dependencies” (2.02), “Participate in group sessions” (2.03) and “Incorporate alternative/complementary therapies into client’s plan of care” (2.12). The activities with the highest priority ratings were “Implement the 5 rights of medication administration” (3.86), “Apply principles of infection control” (3.82) and “Check/verify accuracy of order” (3.75). The average priority rating for each of the 137 activities is reported in Table 9. Activities are shown rank ordered by average priority rating in Appendix E.

Subject Matter Expert Panel Validation of Survey Findings

The subject matter expert panel for the 2002 RN Practice Analysis was asked to provide independent ratings of the 137 activity statements. The panel estimated the percentage of newly licensed RNs performing the activities within their practice settings, the average setting-specific frequency with which the activities were performed during one day and the average priority of the activities. After the ratings were obtained, average total group frequency estimates were calculated by prorating the setting-specific frequencies with the estimates of setting applicability. All panel ratings were averaged across panel members and compared to the ratings obtained from the practice analysis survey.

Due to the greater emphasis placed on activity priority in weighting items within the test plan, the priority ratings estimated by panel members were compared to the average priority ratings from the practice analysis survey. The estimates of panel members compared to survey findings and sorted by differences in priority ratings may be found in Table 10. There was only one activity for which the panel members estimated a priority that was at least 1 point higher than that found in the survey, “Perform fetal heart monitoring.” For three activities the average priority ratings from the survey were at least 1 point higher than those provided by the panel: “Utilize therapeutic communication techniques to provide support to client or family and/or increase client understanding of his/her behavior,” “Discontinue or remove IV, NG, urethral catheter, or other lines and tubes” and “Obtain specimens, other than blood or urine, for diagnostic testing.”

Summary

Respondents to the 2002 RN Practice Analysis found the activities listed in the survey to be representative of the work they performed in their practice settings. Activities with the lowest average total group frequency ratings corresponded to those activities performed in specialized areas of nursing practice. Subject matter expert panel estimates of average frequency and priority ratings were compared to those obtained with the survey showing priority rating discrepancies of 1 or more points for only 4 of the 137 activity items.

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

#	Activity	Apply to Setting	Average Frequency (%)	Average Frequency Setting-Specific (0-5)	Average Priority Total Group (1-4)
1	Evaluate client's weight	95	2.34	2.12	2.66
3	Monitor and maintain client on a ventilator	49	1.53	0.72	3.39
4	Assess invasive monitoring data	62	1.65	1.01	3.05
5	Assess/triage clients to prioritize the order of care delivery	76	3.48	2.6	3.29
6	Assess client's vital signs (i.e., temperature, pulse, respiratory rate and blood pressure)	99	4.45	4.23	3.51
7	Monitor client's hydration status (e.g., I&O, edema, signs and symptoms of dehydration, etc.)	98	4.11	3.84	3.39
8	Identify client's risk for abuse/neglect	88	1.49	1.27	3.12
9	Identify the need for, institute, and maintain suicide precautions	70	1.04	0.70	3.20
10	Assess client for drug/alcohol-related dependencies, withdrawal or toxicities	87	1.87	1.56	3.03
11	Assess family dynamics (i.e., structure, bonding, communication, boundaries, coping mechanisms, etc.)	84	1.63	1.32	2.60
12	Perform head to toe physical assessment	96	3.98	3.67	3.42
13	Perform and utilize health history	97	2.77	2.58	3.05
14	Perform system-specific assessment or reassessment (i.e., GI , respiratory, cardiac, etc.)	98	4.10	3.83	3.52
15	Perform age-specific screening examinations (i.e., Denver Developmental, scoliosis assessment, breast examinations, testicular examinations, etc.)	42	1.02	0.41	2.43
16	Evaluate the results of diagnostic testing (e.g., lab, radiology, EKG, etc.)	95	3.28	3.01	3.27
17	Monitor client's physiologic response during and after conscious sedation	69	1.60	1.05	3.27
18	Evaluate client's response to medications	99	4.42	4.2	3.57
19	Initiate, maintain and/or evaluate telemetry monitoring	66	2.93	1.87	3.28
20	Check/verify accuracy of order	99	4.18	3.95	3.75
21	Evaluate appropriateness of medication order for client (i.e., is the medication appropriate to treat the client's condition, given by appropriate route, in appropriate dosage, etc.)	98	4.08	3.85	3.62
22	Prepare medication for administration (i.e., crush medications as needed and appropriate, place in appropriate administration device, assemble equipment, etc.)	97	3.46	3.27	3.38
23	Check for potential interactions of medications with food, fluids and other drugs	96	3.06	2.8	3.39
24	Review pertinent data prior to medication administration (i.e., VS, lab results, allergies, etc.)	99	3.96	3.8	3.66
25	Perform calculations needed for medication administration	95	2.79	2.57	3.61

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Table 9, continued

#	Activity	Apply to Setting	Average Frequency (%)	Average Frequency Setting-Specific (0-5)	Average Priority Total Group (1-4)
26	Implement the five rights of medication administration	98	4.67	4.4	3.86
27	Administer medication by the oral route or gastric tube (PO, sublingual, buccal, nasogastric tube, G-tube, etc.)	96	3.83	3.53	3.36
28	Administer medication by intravenous route (i.e., IVP, IVPB, PCA pump, continuous infusion – fluids, parenteral nutrition)	94	4.13	3.76	3.49
29	Administer medication by SQ, IM, intradermal or topical route	98	3.53	3.34	3.28
31	Administer medication in the form of eye, ear or nose drops, sprays, ointments or by inhalation (including nebulizer or metered dose inhaler)	94	2.16	1.98	2.98
37	Administer medication by less common routes (i.e., vaginally, rectally, bladder instillation, continuous abdominal peritoneal dialysis, endotracheal tube, by epidural catheter or intraosseous)	80	1.22	0.96	2.84
38	Adjust/titrate dosage of medication based on assessment of physiologic parameters (i.e., giving insulin according to blood sugar levels, titrating medication to maintain a specified blood pressure, etc.)	93	2.99	2.68	3.53
39	Monitor and maintain infusion sites and equipment (i.e., flushing infusion devices, checking rates, fluids and sites, etc.)	96	4.13	3.85	3.37
40	Administer blood products	81	1.50	1.18	3.39
41	Administer drugs to induce conscious sedation	57	1.00	0.56	2.83
42	Document medication administration and client response	99	4.46	4.3	3.56
43	Perform diagnostic testing (i.e., O ₂ saturation, glucose monitoring, testing for occult blood, gastric Ph, urine specific gravity, etc.)	97	3.69	3.47	3.36
44	Obtain specimens by drawing blood peripherally or through central line	88	2.22	1.88	3.04
45	Perform or assist with dressing change (i.e., wound, central line dressing, etc.)	94	2.31	2.09	3.03
46	Insert nasogastric tube	77	0.97	0.73	2.84
48	Intervene with client who has an alteration in bowel elimination (e.g., give enema, remove fecal impaction)	88	1.74	1.49	2.80
49	Perform tracheostomy care	79	1.20	0.91	3.06
50	Assist with invasive procedures (i.e., central line placements, biopsies, debridements, etc.)	74	1.32	0.95	2.94
51	Insert urethral catheter	91	1.47	1.31	2.91
52	Provide client nutrition through continuous or intermittent tube feedings	84	2.03	1.63	3.02
53	Perform an electrocardiology test (EKG)	57	1.68	0.95	2.81
54	Discontinue or remove IV, NG, urethral catheter, or other lines and tubes	95	2.60	2.41	2.95

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Table 9, continued

#	Activity	Apply to Setting	Average Frequency (%)	Average Frequency Setting-Specific (0-5)	Average Priority Total Group (1-4)
55	Perform procedures necessary for admitting, transferring or discharging a client	96	2.67	2.43	3.03
56	Perform necessary postmortem procedures	71	0.72	0.51	2.43
57	Administer oxygen therapy	98	3.09	2.95	3.51
58	Perform oral or pulmonary suctioning	88	1.95	1.66	3.37
59	Start an intravenous line (IV)	89	2.18	1.88	3.18
60	Care for devices and equipment used for drainage (i.e., surgical wound drains, chest tube suction or drainage devices, urethral catheter care, etc.)	92	2.58	2.31	3.09
61	Assure appropriate and safe use of equipment in performing client care procedures and treatments	99	3.57	3.39	3.47
62	Perform emergency care procedures (e.g., cardiopulmonary resuscitation, Heimlich maneuver, respiratory support, etc.)	84	1.12	0.93	3.70
63	Assist client in the performance of activities of daily living (i.e., ambulation, reposition, hygiene, transfer to chair, eating, toileting)	94	3.65	3.32	2.87
64	Access implanted venous access devices (i.e., porta-cath, PAS port, shunt, etc.)	75	1.32	0.96	2.96
65	Maintain desired temperature of client using external devices (e.g., hypothermia blankets, ice packs, etc.)	86	1.48	1.22	2.93
66	Provide wound/ostomy care other than dressing change (i.e., wound irrigation, wound debridement, ostomy/fistula care, etc.)	83	1.65	1.34	2.92
67	Provide therapies for comfort and treatment of inflammation, swelling (apply heat and cold treatments, elevate limb, etc.)	96	2.28	2.12	2.91
68	Apply, maintain or remove orthopedic devices (e.g., traction, splints, braces, casts, ace wraps, etc.)	75	1.34	0.98	2.64
69	Perform irrigations (i.e., of bladder, ear, eye, etc.)	83	1.05	0.84	2.69
70	Apply and maintain devices used to promote venous return (TED hose, sequential compression devices, etc.)	89	2.40	2.07	2.98
71	Perform gastric lavage	52	0.91	0.46	2.55
72	Use precautions to prevent further injury when moving client with cervical or spinal injury (i.e., log-rolling, abduction pillow)	76	1.84	1.36	3.46
73	Provide intraoperative care (positioning, maintain sterile field, operative assessment, etc.)	54	2.21	1.15	2.97
75	Document procedures and treatments performed and response to treatment	99	4.53	4.31	3.51
76	Implement measures to manage/prevent possible complications of client's condition and/or procedure (i.e., circulatory complications, seizures, aspiration, potential neurological complications, etc.)	98	3.58	3.32	3.58
77	Perform phototherapy	26	1.02	0.27	2.27

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Table 9, continued

#	Activity	Apply to Setting	Average Frequency (%)	Average Frequency Setting-Specific (0-5)	Average Priority Total Group (1-4)
78	Perform prenatal care	16	1.38	0.21	2.25
79	Provide newborn care	24	1.97	0.42	2.69
80	Prepare client for surgery	81	1.57	1.24	3.12
81	Provide care to client in the postoperative period	81	2.31	1.79	3.26
82	Remove wound sutures or staples	76	0.99	0.74	2.55
83	Perform peritoneal dialysis	26	1.18	0.32	2.50
84	Incorporate alternative/complementary therapies into client's plan of care (i.e., acupuncture, dance therapy, music therapy, play therapy, etc.)	54	1.02	0.53	2.12
85	Connect and maintain external pacing devices	51	0.91	0.44	3.13
86	Educate client and/or family about medication regimen, treatments and procedures	97	3.20	2.99	3.19
87	Provide education on growth and development	57	1.16	0.65	2.38
88	Provide client and family with information about condition/illness, expected progression and/or possible outcomes	97	3.35	3.13	3.04
89	Provide information necessary for prevention of high risk health behaviors (i.e., smoking cessation, safe sexual practices, etc.)	81	1.51	1.2	2.72
90	Provide perinatal education	20	1.36	0.27	2.17
91	Teach clients and families about the safe use of equipment needed for care	92	1.76	1.55	3.00
92	Educate client/family on home safety issues	83	1.27	1.02	2.75
93	Perform pre- and/or postoperative education	83	1.94	1.55	2.99
94	Educate client and family about pain management	96	2.89	2.7	3.23
95	Provide information about health maintenance recommendations (i.e., physician visits, immunizations, screening exams, etc.)	88	1.85	1.58	2.83
96	Identify barriers to learning	94	2.25	2.06	2.70
97	Educate client and family about rights and responsibilities	96	2.38	2.22	3.00
98	Document teaching performed and level of understanding: client, family or staff	97	3.30	3.06	2.98
99	Plan and/or participate in education to individuals in the community (health fairs, school education, drug education, STD, etc.)	35	1.25	0.44	2.26
100	Participate in group sessions (i.e., therapy, support groups, etc.)	34	1.24	0.39	2.03
101	Facilitate client and/or family coping (i.e., end of life care, loss, grief, new diagnosis, lifestyle changes, body image, role change, stress management, crisis situations, etc.)	92	1.91	1.71	3.02
102	Provide a therapeutic or controlled environment for clients with emotional/behavioral issues	79	1.71	1.32	2.81
103	Actively listen to client/family concerns	99	3.83	3.68	3.32

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Table 9, continued

#	Activity	Apply to Setting	Average Frequency (%)	Average Frequency Setting-Specific (0-5)	Average Priority Total Group (1-4)
104	Assist client with emotional and spiritual needs	94	2.28	2.1	2.84
105	Provide support/respect for client's cultural practices/beliefs	96	2.20	2.04	2.98
106	Provide care and/or support for client with nonsubstance-related dependencies (i.e., gambling, pornography, pedophilia, etc.)	32	0.53	0.17	2.02
107	Promote healthy family, client, community interactions	76	1.92	1.41	2.57
108	Assess psychosocial, spiritual, cultural and occupational factors affecting care	95	2.84	2.6	2.66
109	Apply principles of infection control (e.g., handwashing, appropriate room assignment, isolation, aseptic/sterile technique, universal/standard precautions)	100	4.65	4.65	3.82
110	Follow procedures for handling biohazardous materials	96	2.94	2.75	3.42
111	Prepare/implement emergency response plans (i.e., internal/external disaster)	76	0.87	0.64	3.04
112	Participate in maintaining institution's security plan (i.e., newborn nursery security, bomb threats, fire emergency plan, etc.)	84	1.40	1.16	3.16
113	Follow institution's policy regarding the use of client restraints or safety devices	90	1.85	1.61	3.21
114	Protect client from injury (e.g., falls, electrical hazards, malfunctioning equipment, rugs, clutter, etc.)	98	3.53	3.35	3.55
116	Participate in performance improvement/quality assurance process (formally collect data or participate on a team)	75	1.48	1.07	2.51
117	Make appropriate referrals to community resources	77	1.18	0.89	2.47
119	Provide and receive report on assigned clients	99	3.24	3.04	3.45
120	Collaborate with other disciplines in providing client care (i.e., physician, RT, PT, radiology, dietary, lab, etc.)	98	3.47	3.34	3.27
121	Supervise care provided by others (i.e., LPN/VN, assistive personnel, other RNs, etc.)	90	3.17	2.72	2.93
122	Initiate, update multidisciplinary care plan, care map, clinical pathway used to guide or evaluate client care	90	2.84	2.48	2.83
123	Receive and/or transcribe health care provider orders	97	3.47	3.22	3.42
124	Maintain continuity of care between/among care agencies	79	1.79	1.37	2.76
125	Provide client or family information about, and/or comply with, advance directives	83	1.65	1.36	2.81
126	Maintain client confidentiality/privacy	99	4.55	4.31	3.72
127	Report unsafe practice of health care provider	79	0.64	0.49	3.31
129	Recognize tasks/assignments you are not prepared to perform and seek assistance	96	2.01	1.89	3.29
130	Report error/event/occurrence per protocol (i.e., medication error, client fall, etc.)	91	1.04	0.92	3.23

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Table 9, continued

		Apply to Setting	Average Frequency (%)	Average Frequency Setting-Specific (0-5)	Average Priority Total Group (1-4)
#	Activity				
131	Assure that client has given informed consent for treatment	94	2.37	2.15	3.42
132	Act as a client advocate	97	3.46	3.2	3.38
133	Comply with regulations for reporting (e.g., abuse/neglect, communicable disease, gunshot wounds, dog bites, etc.)	81	0.91	0.72	3.09
134	Comply with regulations governing controlled substances (e.g., counting narcotics, wasting narcotics, etc.)	96	3.41	3.21	3.37
135	Serve as a resource person to other staff	93	2.22	2.02	2.74
136	Participate in educating staff	73	1.50	1.07	2.64
137	Perform a risk assessment (i.e., sensory impairment, potential for falls, level of mobility, etc.)	93	2.92	2.62	3.27
138	Perform intranatal care (care provided during labor and birth)	19	1.71	0.32	2.33
139	Perform postnatal care	21	1.98	0.39	2.42
140	Perform fetal heart monitoring	23	1.37	0.31	2.52
141	Provide care that meets the special needs of the elderly client	84	3.14	2.58	3.14
142	Assist client/family to identify/participate in activities fitting his/her age, preference, physical capacity, and psychosocial/behavioral/physical development	80	1.81	1.41	2.49
143	Provide care to client/family at end of life	82	1.22	0.96	3.07
144	Assist client to compensate for a sensory impairment (e.g., hearing, sight, etc.)	86	1.65	1.37	2.87
145	Utilize therapeutic communication techniques to provide support to client or family and/or increase client understanding of his/her behavior	96	3.09	2.86	3.06
146	Intervene with client who has an alteration in nutritional intake (e.g., institute diet, change method or time of meals, arrange for more ethnically appropriate foods, etc.)	84	1.62	1.34	2.71
147	Obtain urine specimens for diagnostic testing	94	2.00	1.84	2.64
148	Obtain specimens, other than blood or urine, for diagnostic testing (i.e., PKU testing, wound cultures, stool specimens, etc.)	94	1.91	1.73	2.84
149	Use measures to maintain client's skin integrity (e.g., skin care, turn client, alternating pressure mattress, etc.)	95	3.67	3.38	3.39

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

#	Activity	Survey Results			SME Panel Estimates			Rating Differences				
		Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group)	Average Priority 1-4	Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group)	Average Priority 1-4	Setting-Specific Frequency Difference	Total Group Frequency Difference	Priority Difference
140	Perform fetal heart monitoring	23	1.37	0.31	2.52	33	2.56	0.96	3.56	-1.18	-0.65	-1.04
138	Perform intranatal care (care provided during labor and birth)	19	1.71	0.32	2.33	31	2.17	0.76	3.22	-0.45	-0.44	-0.89
139	Perform postnatal care	21	1.98	0.39	2.42	35	2.61	0.98	3.22	-0.63	-0.59	-0.80
41	Administer drugs to induce conscious sedation	57	1.00	0.56	2.83	18	0.67	0.19	3.56	0.33	0.37	-0.73
111	Prepare/implement emergency response plans (i.e., internal/external disaster)	76	0.87	0.64	3.04	53	0.42	0.24	3.70	0.45	0.40	-0.66
37	Administer medication by less common routes (i.e., vaginally, rectally, bladder instillation, continuous abdominal peritoneal dialysis, endotracheal tube, by epidural catheter or intrathecal)	80	1.22	0.96	2.84	38	1.50	0.65	3.44	-0.28	0.31	-0.61
17	Monitor client's physiologic response during and after conscious sedation	69	1.60	1.05	3.27	15	1.17	0.20	3.72	0.43	0.85	-0.46
4	Assess invasive monitoring data	62	1.65	1.01	3.05	22	2.10	0.74	3.50	-0.45	0.27	-0.45
129	Recognize tasks/assignments you are not prepared to perform and seek assistance	96	2.01	1.89	3.29	68	1.90	1.47	3.70	0.11	0.42	-0.41
112	Participate in maintaining institution's security plan (i.e., newborn nursery security, bomb threats, fire emergency plan, etc.)	84	1.40	1.16	3.16	61	0.87	0.45	3.55	0.53	0.71	-0.39
72	Use precautions to prevent further injury when moving client with cervical or spinal injury (i.e., log-rolling, abduction pillow)	76	1.84	1.36	3.46	43	1.43	0.81	3.85	0.41	0.55	-0.39

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Table 10, continued

#	Activity	Survey Results				SME Panel Estimates				Rating Differences		
		Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group)	Average Priority 1-4	Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group)	Average Priority 1-4	Setting-Specific Frequency Difference	Total Group Frequency Difference	Priority Difference
27	Administer medication by the oral route or gastric tube (PO, sublingual, buccal, nasogastric tube, G-tube, etc.)	96	3.83	3.53	3.36	81	4.00	3.31	3.72	-0.17	0.22	-0.36
73	Provide intraoperative care (positioning, maintain sterile field, operative assessment, etc.)	54	2.21	1.15	2.97	37	3.14	1.11	3.33	-0.93	0.04	-0.36
81	Provide care to client in the postoperative period	81	2.31	1.79	3.26	59	2.40	1.49	3.55	-0.09	0.30	-0.29
28	Administer medication by intravenous route (i.e., IVP, IVPB, PCA pump, continuous infusion – fluids, parenteral nutrition)	94	4.13	3.76	3.49	72	3.67	2.68	3.78	0.46	1.08	-0.29
3	Monitor and maintain client on a ventilator	49	1.53	0.72	3.39	28	1.83	1.03	3.67	-0.30	-0.31	-0.28
90	Provide perinatal education	20	1.36	0.27	2.17	17	1.36	0.32	2.42	-0.01	-0.05	-0.25
40	Administer blood products	81	1.50	1.18	3.39	60	1.85	1.12	3.60	-0.35	0.06	-0.21
71	Perform gastric lavage	52	0.91	0.46	2.55	27	0.78	0.25	2.75	0.13	0.21	-0.20
78	Perform prenatal care	16	1.38	0.21	2.25	36	1.83	0.71	2.44	-0.45	-0.50	-0.20
83	Perform peritoneal dialysis	26	1.18	0.32	2.50	5	0.28	0.03	2.69	0.90	0.29	-0.19
29	Administer medication by SQ, IM, intradermal or topical route	98	3.53	3.34	3.28	60	2.50	1.56	3.44	1.03	1.78	-0.16
110	Follow procedures for handling biohazardous materials	96	2.94	2.75	3.42	60	2.50	2.05	3.55	0.44	0.70	-0.13
80	Prepare client for surgery	81	1.57	1.24	3.12	53	2.40	1.53	3.25	-0.83	-0.29	-0.13
79	Provide newborn care	24	1.97	0.42	2.69	11	1.00	0.18	2.81	0.97	0.24	-0.12
5	Assess/triage clients to prioritize the order of care delivery	76	3.48	2.6	3.29	92	4.40	4.14	3.40	-0.92	-1.54	-0.11

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

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Table 10, continued		Survey Results				SME Panel Estimates			Rating Differences			
		Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group)	Average Priority 1-4	Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group)	Average Priority 1-4	Setting-Specific Frequency Difference	Total Group Frequency Difference	Priority Difference
#	Activity											
85	Connect and maintain external pacing devices	51	0.91	0.44	3.13	9	0.45	0.07	3.11	0.46	0.37	0.02
65	Maintain desired temperature of client using external devices (e.g., hypothermia blankets, ice packs, etc.)	86	1.48	1.22	2.93	33	0.63	0.18	2.90	0.85	1.04	0.03
18	Evaluate client's response to medications	99	4.42	4.2	3.57	87	4.90	4.27	3.53	-0.48	-0.06	0.04
119	Provide and receive report on assigned clients	99	3.24	3.04	3.45	90	3.60	3.49	3.40	-0.36	-0.45	0.05
88	Provide client and family with information about condition/illness, expected progression and/or possible outcomes	97	3.35	3.13	3.04	83	3.80	3.12	2.98	-0.45	0.01	0.06
64	Access implanted venous access devices (i.e., porta-cath, PAS port, shunt, etc.)	75	1.32	0.96	2.96	26	0.78	0.26	2.90	0.53	0.70	0.06
132	Act as a client advocate	97	3.46	3.2	3.38	91	3.60	3.35	3.30	-0.14	-0.15	0.08
43	Perform diagnostic testing (i.e., O ₂ saturation, glucose monitoring, testing for occult blood, gastric Ph, urine specific gravity, etc.)	97	3.69	3.47	3.36	71	3.44	2.57	3.28	0.24	0.90	0.09
108	Assess psychosocial, spiritual, cultural and occupational factors affecting care	95	2.84	2.6	2.66	68	2.23	1.89	2.55	0.62	0.71	0.11
25	Perform calculations needed for medication administration	95	2.79	2.57	3.61	74	3.50	2.85	3.50	-0.71	-0.28	0.11
125	Provide client or family information about, and/or comply with, advance directives	83	1.65	1.36	2.81	75	2.80	2.26	2.70	-1.15	-0.90	0.11
122	Initiate, update multidisciplinary care plan, care map, clinical pathway used to guide or evaluate client care	90	2.84	2.48	2.83	70	3.50	2.56	2.70	-0.66	-0.08	0.13

22	Prepare medication for administration (i.e., crush medications as needed and appropriate, place in appropriate administration device, assemble equipment, etc.)	97	3.46	3.27	3.38	89	5.00	4.47	3.25	-1.54	-1.20	0.13
141	Provide care that meets the special needs of the elderly client	84	3.14	2.58	3.14	51	2.89	1.61	3.00	0.25	0.97	0.14
114	Protect client from injury (e.g., falls, electrical hazards, malfunctioning equipment, rugs, clutter, etc.)	98	3.53	3.35	3.55	81	2.90	2.54	3.40	0.63	0.82	0.15
11	Assess family dynamics (i.e., structure, bonding, communication, boundaries, coping mechanisms, etc.)	84	1.63	1.32	2.60	69	2.65	2.14	2.45	-1.02	-0.82	0.15
44	Obtain specimens by drawing blood peripherally or through central line	88	2.22	1.88	3.04	48	2.06	1.12	2.89	0.16	0.76	0.15
127	Report unsafe practice of health care provider	79	0.64	0.49	3.31	27	0.36	0.08	3.15	0.27	0.41	0.16
124	Maintain continuity of care between/ among care agencies	79	1.79	1.37	2.76	72	3.10	2.46	2.60	-1.31	-1.09	0.16
137	Perform a risk assessment (i.e., sensory impairment, potential for falls, level of mobility, etc.)	93	2.92	2.62	3.27	68	2.89	2.31	3.11	0.03	0.31	0.16
14	Perform system-specific assessment or reassessment (i.e., GI, respiratory, cardiac, etc.)	98	4.10	3.83	3.52	88	4.40	3.96	3.35	-0.30	-0.13	0.17
31	Administer medication in the form of eye, ear or nose drops, sprays, ointments or by inhalation (including nebulizer or metered dose inhaler)	94	2.16	1.98	2.98	55	1.90	1.09	2.80	0.26	0.89	0.18
94	Educate client and family about pain management	96	2.89	2.7	3.23	72	3.55	2.78	3.05	-0.66	-0.08	0.18
86	Educate client and/or family about medication regimen, treatments and procedures	97	3.20	2.99	3.19	90	4.44	3.82	3.00	-1.25	-0.83	0.19
46	Insert nasogastric tube	77	0.97	0.73	2.84	51	1.38	0.75	2.65	-0.40	-0.02	0.19

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Table 10, continued

#	Activity	Survey Results				SME Panel Estimates				Rating Differences		
		Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group)	Average Priority 1-4	Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group)	Average Priority 1-4	Setting-Specific Frequency Difference	Total Group Frequency Difference	Priority Difference
97	Educate client and family about rights and responsibilities	96	2.38	2.22	3.00	61	1.95	1.45	2.80	0.43	0.77	0.20
53	Perform an electrocardiology test (EKG)	57	1.68	0.95	2.81	32	1.17	0.56	2.61	0.51	0.39	0.20
92	Educate client/family on home safety issues	83	1.27	1.02	2.75	39	1.20	0.49	2.55	0.07	0.54	0.20
26	Implement the 5 rights of medication administration	98	4.67	4.4	3.86	95	4.70	4.46	3.65	-0.03	-0.06	0.21
149	Use measures to maintain client's skin integrity (e.g., skin care, turn client, alternating pressure mattress, etc.)	95	3.67	3.38	3.39	68	3.22	2.16	3.17	0.45	1.22	0.22
130	Report error/event/occurrence per protocol (i.e., medication error, client fall, etc.)	91	1.04	0.92	3.23	54	0.87	0.45	3.00	0.17	0.47	0.23
133	Comply with regulations for reporting (e.g., abuse/neglect, communicable disease, gunshot wounds, dog bites, etc.)	81	0.91	0.72	3.09	56	0.64	0.45	2.85	0.27	0.27	0.24
23	Check for potential interactions of medications with food, fluids and other drugs	96	3.06	2.8	3.39	78	4.30	3.45	3.15	-1.24	-0.65	0.24
24	Review pertinent data prior to medication administration (i.e., VS, lab results, allergies, etc.)	99	3.96	3.8	3.66	83	4.70	3.85	3.40	-0.74	-0.05	0.26
42	Document medication administration and client response	99	4.46	4.3	3.56	90	4.70	4.21	3.30	-0.24	0.09	0.26
120	Collaborate with other disciplines in providing client care (i.e., physician, RT, PT, radiology, dietary, lab, etc.)	98	3.47	3.34	3.27	82	3.65	3.26	3.00	-0.18	0.09	0.27
12	Perform head to toe physical assessment	96	3.98	3.67	3.42	93	4.10	3.89	3.15	-0.12	-0.22	0.27

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

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Table 10, continued

#	Activity	Survey Results				SME Panel Estimates				Rating Differences		
		Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group)	Average Priority 1-4	Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group)	Average Priority 1-4	Setting-Specific Frequency Difference	Total Group Frequency Difference	Priority Difference
61	Assure appropriate and safe use of equipment in performing client care procedures and treatments	99	3.57	3.39	3.47	89	3.67	3.31	3.11	-0.09	0.08	0.36
106	Provide care and/or support for client with nonsubstance-related dependencies (i.e., gambling, pornography, pedophilia, etc.)	32	0.53	0.17	2.02	11	0.56	0.08	1.66	-0.03	0.09	0.36
6	Assess client's vital signs (i.e., temperature, pulse, respiratory rate and blood pressure)	99	4.45	4.23	3.51	93	4.40	4.16	3.15	0.05	0.07	0.36
126	Maintain client confidentiality/privacy	99	4.55	4.31	3.72	95	4.50	4.29	3.35	0.05	0.02	0.37
63	Assist client in the performance of activities of daily living (i.e., ambulation, reposition, hygiene, transfer to chair, eating, toileting, etc.)	94	3.65	3.32	2.87	86	4.00	3.54	2.50	-0.35	-0.22	0.37
55	Perform procedures necessary for admitting, transferring or discharging a client	96	2.67	2.43	3.03	81	3.50	2.90	2.65	-0.83	-0.47	0.38
143	Provide care to client/family at end of life	82	1.22	0.96	3.07	41	1.50	0.54	2.67	-0.28	0.42	0.40
103	Actively listen to client/family concerns	99	3.83	3.68	3.32	79	3.60	3.22	2.90	0.23	0.46	0.42
60	Care for devices and equipment used for drainage (i.e., surgical wound drains, chest tube suction or drainage devices, urethral catheter care, etc.)	92	2.58	2.31	3.09	70	3.10	2.27	2.65	-0.52	0.04	0.44
13	Perform and utilize health history	97	2.77	2.58	3.05	79	2.50	2.09	2.60	0.27	0.49	0.45
1	Evaluate client's weight	95	2.34	2.12	2.66	74	2.45	1.98	2.20	-0.11	0.14	0.46
67	Provide therapies for comfort and treatment of inflammation, swelling (apply heat and cold treatments, elevate limb, etc.)	96	2.28	2.12	2.91	42	1.75	0.81	2.45	0.53	1.32	0.46

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

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Table 10, continued

#	Activity	Survey Results				SME Panel Estimates				Rating Differences		
		Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group)	Average Priority 1-4	Apply to Setting (%)	Average Frequency (Setting-Specific) 0-5	Average Frequency (Total Group)	Average Priority 1-4	Setting-Specific Frequency Difference	Total Group Frequency Difference	Priority Difference
58	Perform oral or pulmonary suctioning	88	1.95	1.66	3.37	55	1.58	0.90	2.70	0.37	0.76	0.67
45	Perform or assist with dressing change (i.e., wound, central line dressing, etc.)	94	2.31	2.09	3.03	60	2.50	1.58	2.35	-0.19	0.52	0.68
98	Document teaching performed and level of understanding: client, family or staff	97	3.30	3.06	2.98	81	3.22	2.74	2.28	0.08	0.32	0.70
109	Apply principles of infection control (e.g., handwashing, appropriate room assignment, isolation, aseptic/sterile technique, universal/standard precautions)	100	4.65	4.65	3.82	93	4.67	4.38	3.11	-0.02	0.27	0.71
57	Administer oxygen therapy	98	3.09	2.95	3.51	75	3.30	2.76	2.80	-0.21	0.20	0.71
89	Provide information necessary for prevention of high risk health behaviors (i.e., smoking cessation, safe sexual practices, etc.)	81	1.51	1.2	2.72	52	1.70	1.00	2.00	-0.19	0.20	0.72
56	Perform necessary postmortem procedures	71	0.72	0.51	2.43	35	0.62	0.21	1.70	0.10	0.30	0.73
10	Assess client for drug/alcohol-related dependencies; withdrawal or toxicities	87	1.87	1.56	3.03	35	1.35	0.53	2.30	0.52	1.03	0.73
146	Intervene with client who has an alteration in nutritional intake (e.g., institute diet, change method or time of meals, arrange for more ethnically appropriate foods, etc.)	84	1.62	1.34	2.71	41	1.67	0.69	1.89	-0.05	0.65	0.82
69	Perform irrigations (i.e., of bladder, ear, eye, etc.)	83	1.05	0.84	2.69	21	0.68	0.17	1.85	0.37	0.68	0.84
99	Plan and/or participate in education to individuals in the community (health fairs, school education, drug education, STD, etc.)	35	1.25	0.44	2.26	11	0.40	0.07	1.40	0.85	0.37	0.86

116	Participate in performance improvement/quality assurance process (formally collect data or participate on a team)	75	1.48	1.07	2.51	39	0.57	0.23	1.65	0.91	0.84	0.86
48	Intervene with client who has an alteration in bowel elimination (e.g., give enema, remove fecal impaction)	88	1.74	1.49	2.80	44	1.32	0.71	1.90	0.42	0.78	0.90
95	Provide information about health maintenance recommendations (i.e., physician visits, immunizations, screening exams, etc.)	88	1.85	1.58	2.83	45	1.50	0.82	1.90	0.35	0.77	0.93
84	Incorporate alternative/complementary therapies into client's plan of care (i.e., acupuncture, dance therapy, music therapy, play therapy, etc.)	54	1.02	0.53	2.12	12	0.48	0.09	1.15	0.54	0.44	0.97
147	Obtain urine specimens for diagnostic testing	94	2.00	1.84	2.64	59	1.67	1.00	1.67	0.34	0.84	0.97
15	Perform age-specific screening examinations (i.e., Denver Developmental, scoliosis assessment, breast examinations, testicular examinations, etc.)	42	1.02	0.41	2.43	17	0.70	0.16	1.45	0.32	0.25	0.98
148	Obtain specimens, other than blood or urine for diagnostic testing (i.e., PKU testing, wound cultures, stool specimens, etc.)	94	1.91	1.73	2.84	51	1.56	0.72	1.83	0.35	1.01	1.01
54	Discontinue or remove IV, NG, urethral catheter, or other lines and tubes	95	2.60	2.41	2.95	76	2.90	2.33	1.90	-0.30	0.08	1.05
145	Utilize therapeutic communication techniques to provide support to client or family and/or increase client understanding of his/her behavior	96	3.09	2.86	3.06	49	1.72	0.86	1.78	1.37	2.00	1.28

Knowledge Category Results

Overview of Methods

The subject matter expert panel for the 2002 RN Practice Analysis created and defined 18 categories of knowledge necessary for the performance of entry level nursing practice (see Table 11). The panel considered those 18 knowledge categories in relation to each of the 137 activities and indicated which of the knowledge categories was necessary for the performance of each activity. The panel knowledge/activity ratings were aggregated and those knowledge categories achieving agreement on an item by at least 5 panelists were linked to that activity item (see Table 12).

The knowledge categories (with their definitions) were included in the 2002 RN Practice Analysis survey. Survey respondents were asked to provide two ratings for each knowledge category. First they were asked to rate the importance of the knowledge category to the work they performed in their nurse practice setting on a scale of 0 to 3 with 0 meaning not important and 3 indicating the knowledge was very important for their work. They were also asked to indicate how they most often used the knowledge in providing safe care to clients on a scale of 0 (“I do not use the knowledge”), 1 (“I recognize/recall the knowledge”) and 2 (“I apply/interpret/analyze the knowledge”).

Importance

The importance ratings provided by respondents were averaged (see Table 11). The knowledge categories achieving the highest importance ratings were “Knowledge needed to perform nursing procedures and psychomotor skills” (2.92) and “Pharmacology” (2.88). The knowledge categories achieving the lowest importance ratings were “Economics” (1.46) and “Nursing research” (1.91).

Usage

For each knowledge category survey respondents could record that, while providing safe care to clients, they did not use the knowledge, that they recognized/recalled the knowledge or that they applied/interpreted/analyzed the knowledge. The knowledge categories that were least used (had the highest percentages of respondents answering “I do not use the knowledge”) were “Economics” (39% reported they did not use knowledge related to economics) and “Nursing research” (23.9% reported they did not use knowledge related to nursing research). Those areas of knowledge that respondents were most likely to recognize or recall were also “Economics” (48.8%) and “Nursing research” (50.4%). The areas of knowledge most applied, interpreted or analyzed were “Knowledge

Table 11. Knowledge Category Importance and Usage

Category/Definition	Importance	Usage		
	Scale* (0-3) Average	Do not use %	Recognize/ Recall %	Apply/ Interpret/ Analyze %
Biologic sciences (anatomy & physiology, biology, microbiology) The study of life and living things including the structure and function of the human body and the organisms which invade it.	2.75	0.7	26.2	73.1
Communication skills Knowledge and use of oral, nonverbal, written and information technology communication skills necessary for safe, effective client care. These skills are utilized to accurately deliver and receive information between and among the nurse, the health care team, clients, families and the community. Also included is the ability to recognize and appropriately address barriers to communication.	2.86	0.3	12.0	87.7
Economics The study of the management of fiscal resources. This includes a beginning knowledge of access-to-care regulations.	1.46	39.0	48.8	12.2
Mathematics Ability to perform the calculations needed to plan and deliver care. Calculations would include, at a minimum, those needed to safely prepare and administer medications to clients and evaluate client fluid balance and nutritional intake.	2.79	1.7	12.3	86
Nutrition Knowledge of the processes involved in ingesting and utilizing food substances. These processes include ingestion of proper amounts of needed nutrients, digestion, absorption, metabolism and storage.	2.34	5.3	47.0	47.7
Pathophysiology Knowledge of how normal physiologic processes are altered by disease.	2.81	1.0	19.3	79.7
Pharmacology Knowledge of how drugs interact with body systems to create both desired and unwanted effects.	2.88	0.6	17.4	82.1
Physical sciences (chemistry and physics) Knowledge of substances (such as electrolytes and hydrogen ions) and the laws governing matter and their influence on normal human functions.	2.22	12.8	45.5	41.8
Principles of teaching and learning Knowledge needed to assess learning situations and identify optimal methods of teaching clients of all ages.	2.43	2.7	36.9	60.4
Quality management/infection control Knowledge needed to institute/utilize infection control measures, recognize and report incidents/errors/occurrences, and actively promote the improvement of client care processes. Also included is a working knowledge of standards set by various regulatory bodies such as JCAHO, OSHA, etc.	2.8	0.7	21.6	77.7
Social sciences (psychology, sociology, growth & development) Knowledge of the emotional, psychological, spiritual and social functioning of human beings throughout their life span, individually and in families or other societal groups.	2.33	2.8	46.1	51.1

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Table 11, continued

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

*0 = not important to 3 = very important

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

Activity/Knowledge Category Linking

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

Those knowledge categories that were deemed of high importance and most applied within practice were also generally those linked to the greatest numbers of activity items.

Summary

Eighteen categories of knowledge used in newly licensed nurse practice were identified for use within this study. The subject matter expert panel linked the categories of knowledge to the activity items and survey respondents provided ratings of the importance of the knowledge categories and the ways in which they were used in practice. Generally, those categories of knowledge identified as most important by survey respondents were those linked to the greatest numbers of activity items by the panel of experts.

References

- Hertz, J. E., Yocom, C. J., & Gawel, S. H. (2000). *1999 Practice Analysis of Newly Licensed Registered Nurses in the U.S.* Chicago: National Council of State Boards of Nursing.
- Smith, J. E. & Crawford, L. H. (2002). *Report of Findings from the 2001 RN Practice Analysis Update.* Chicago: National Council of State Boards of Nursing.

Table 12. Knowledge Category/Activity Item Linkages

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

Table 12, continued

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

Table 12, continued		Knowledge Categories															Total Per Item Knowledge Category Links						
		#	Activities	Biologic Sciences (A & P, Biology, Microbiology)	Communication Skills, Oral and Written (includes IT)	Economics	Mathematics & Stats	Nutrition	Pathophysiology	Pharmacology	Physical Sciences (Chemistry, Physics)	Principles of Teaching and Learning	Quality Management/Infection Control	Social Sciences (Psychology, Sociology, G & D, etc.)	Care Management/Leadership	Clinical Decision-Making/Critical Thinking		Ethics	Knowledge Needed to Perform Nursing Procedures and Psychomotor Skills	Nursing Diagnosis	Nursing Research	Scope of Practice/Professional Roles	
95	Provide information about health maintenance recommendations (i.e., physician visits, immunizations, screening exams, etc.)	1	1					1				1		1									5
96	Identify barriers to learning		1																				3
97	Educate client and family about rights and responsibilities		1														1						4
98	Document teaching performed and level of understanding: client, family or staff		1																				3
99	Plan and/or participate in education to individuals in the community (health fairs, school education, drug education, STD, etc.)		1																				3
100	Participate in group sessions (i.e., therapy, support group, etc.)		1																				3
101	Facilitate client and/or family coping (i.e., end of life care, loss, grief, new diagnosis, lifestyle changes, body image, role change, stress management, crisis situations, etc.)		1															1					4
102	Provide a therapeutic or controlled environment for clients with emotional/behavioral issues		1																				3
103	Actively listen to client/family concerns		1																				2

Table 12, continued		Knowledge Categories															Total Per Item Knowledge Category Links			
		Biologic Sciences (A & P, Biology, Microbiology)	Communication Skills, Oral and Written (includes IT)	Economics	Mathematics & Stats	Nutrition	Pathophysiology	Pharmacology	Physical Sciences (Chemistry, Physics)	Principles of Teaching and Learning	Quality Management/Infection Control	Social Sciences (Psychology, Sociology, G & D, etc.)	Care Management/Leadership	Clinical Decision-Making/Critical Thinking	Ethics	Knowledge Needed to Perform Nursing Procedures and Psychomotor Skills		Nursing Diagnosis	Nursing Research	Scope of Practice/Professional Roles
#	Activities																			
125	Provide client or family information about, and/or comply with advance directives	1									1				1					3
126	Maintain client confidentiality/privacy	1													1					2
127	Report unsafe practice of health care provider	1													1				1	3
129	Recognize tasks/assignments you are not prepared to perform and seek assistance	1												1					1	4
130	Report error/event/occurrence per protocol (i.e., medication error, client fall, etc.)	1								1									1	4
131	Assure that client has given informed consent for treatment	1													1				1	3
132	Act as a client advocate	1		1											1				1	4
133	Comply with regulations for reporting (e.g., abuse/neglect, communicable disease, gunshot wounds, dog bites, etc.)	1								1									1	4
134	Comply with regulations governing controlled substances (e.g., counting narcotics, wasting narcotics, etc.)	1								1										3
135	Serve as a resource person to other staff	1							1											4
136	Participate in educating staff	1						1											1	3

Appendix A

Subject Matter Expert Panel for 2002 RN Practice Analysis

Area & State	Name	Practice Area	Specialty	Position
Area I				
CA	Andrea Andres	Acute Care	Medical/Surgical	Staff RN
CO	Robyn Bragg	Acute Care	Medical/Surgical, Oncology, Orthopedics, Education of New Graduates	Clinical Education Coordinator
Area II				
MN	Donna Voetberg	Acute Care	Medical/Surgical, Critical Care, Cardiovascular	Staff RN
NE	Marcia Geiger	Nursing Education	Medical/Surgical	Instructor of Nursing
Area III				
AL	Michael Martin	Acute Care	Nursing Administration, Emergency Care, Critical Care	Director of Nursing
MS	LaDonna Northington	Nursing Education	Pediatrics, Critical Care	Associate Professor of Nursing
MS	Margaret Fortenberry	Acute Care	Medical/Surgical, Wound/Ostomy, Staff Education, Nurse Education	Director of Education
Area IV				
MA	Gayle Strittmatter	Acute/Community Care	Telemetry/Critical Care	Adult Nurse Practitioner; Clinical Resource Staff RN
NY	Kathleen Walker	Community/LTC/Acute Care	Pediatrics, Community Health, Psych	Associate Professor of Nursing
PA	Marianne Miller	Acute Care	Pediatrics, Women's Health, Trauma Manager	Trauma Outcomes

Appendix B

Activity statements with 2002 RN Practice Analysis Form Assignment

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

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Master #	PAS Form	# 2002 Survey	Activity
98	B	26	Document teaching performed and level of understanding: client, family or staff
132	B	27	Act as a client advocate
76	B	28	Implement measures to manage/prevent possible complications of client's condition and/or procedure (i.e., circulatory complications, seizures, aspiration, potential neurological complications, etc.)
48	B	29	Intervene with client who has an alteration in bowel elimination (e.g., give enema, remove fecal impaction)
38	B	30	Adjust/titrate dosage of medication based on assessment of physiologic parameters (i.e., giving insulin according to blood sugar levels, titrating medication to maintain a specified blood pressure, etc.)
16	B	31	Evaluate the results of diagnostic testing (e.g., lab, radiology, EKG, etc.)
81	B	32	Provide care to the patient in the postoperative period
131	B	33	Assure that client has given informed consent for treatment
13	B	34	Perform and utilize health history
52	B	35	Provide client nutrition through continuous or intermittent tube feedings
37	B	36	Administer medication by less common routes (i.e., vaginally, rectally, bladder instillation, continuous abdominal peritoneal dialysis, endotracheal tube, by epidural catheter or intraosseous)
93	B	37	Perform pre- and/or postoperative education
77	B	38	Perform phototherapy
126	B	39	Maintain client confidentiality/privacy
20	B	40	Check/verify accuracy of order
10	B	41	Assess client for drug/alcohol-related dependencies, withdrawal or toxicities
23	B	42	Check for potential interactions of medications with food, fluids and other drugs
86	B	43	Educate patient and family about medication regimen, treatments and procedures
71	B	44	Perform gastric lavage
136	B	45	Participate in educating staff
140	B	46	Perform fetal heart monitoring
9	B	47	Identify the need for, institute, and maintain suicide precautions
17	B	48	Monitor client's physiologic response during and after conscious sedation
148	B	49	Obtain specimens, other than blood or urine, for diagnostic testing (i.e., PKU testing, wound cultures, stool specimens, etc.)
65	B	50	Maintain desired temperature of client using external devices (e.g., hypothermia blankets, ice packs, etc.)
123	B	51	Receive and/or transcribe health care provider orders
15	B	52	Perform age-specific screening examinations (i.e., Denver Developmental, scoliosis assessment, breast examinations, testicular examinations, etc.)

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Master #	PAS Form	# 2002 Survey	Activity
145	B	53	Utilize therapeutic communication techniques to provide support to client or family and/or increase client understanding of his/her behavior
149	B	54	Use measures to maintain client's skin integrity (e.g., skin care, turn client, alternating pressure mattress, etc.)
44	B	55	Obtain specimens by drawing blood peripherally or through central line
60	B	56	Care for devices and equipment used for drainage (i.e., surgical wound drains, chest tube suction or drainage devices, urethral catheter care, etc.)
122	B	57	Initiate, update multidisciplinary care plan, care map, clinical pathway used to guide and evaluate client care
143	B	58	Provide care to client/family at end of life
144	B	59	Assist client to compensate for a sensory impairment (e.g., hearing, sight, etc.)
84	B	60	Incorporate alternative/complementary therapies into client's plan of care (i.e., acupuncture, dance therapy, music therapy, play therapy, etc.)
24	B	61	Review pertinent data prior to medication administration (i.e., VS, lab results, allergies, etc.)
57	B	62	Administer oxygen therapy
116	B	63	Participate in performance improvement/quality assurance process (formally collect data or participate on a team)
130	B	64	Report error/event/occurrence per protocol (i.e., medication error, client fall, etc.)
105	B	65	Provide support/respect for client's cultural practices/beliefs
70	B	66	Apply and maintain devices used to promote venous return (TED hose, sequential compression devices, etc.)
134	B	67	Comply with regulations governing controlled substances (e.g., counting narcotics, wasting narcotics, etc.)
49	B	68	Perform tracheostomy care
113	B	69	Follow institution's policy regarding the use of client restraints or safety devices
101	B	70	Facilitate client and/or family coping (i.e., end of life care, loss, grief, new diagnosis, lifestyle changes, body image, role change, stress management, crisis situations, etc.)
68	B	71	Apply, maintain or remove orthopedic devices (e.g., traction, splints, braces, casts, ace wraps, etc.)
41	B	72	Administer drugs to induce conscious sedation
4	B	73	Assess invasive monitoring data
111	B	74	Prepare/implement emergency response plans (i.e., internal/external disaster)
91	B	75	Teach clients and families about the safe use of equipment needed for care
95	B	76	Provide information about health maintenance recommendations (i.e., physician visits, immunizations, screening exams, etc.)
54	B	77	Discontinue or remove IV, NG, urethral catheter, or other lines and tubes
42	B	78	Document medication administration and client response

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

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Master #	PAS Form	# 2002 Survey	Activity
124	A	51	Maintain continuity of care between/among care agencies
79	A	52	Provide newborn care
107	A	53	Promote healthy family, client, community interactions
146	A	54	Intervene with client who has an alteration in nutritional intake (e.g., institute diet, change method or time of meals, arrange for more ethnically appropriate foods, etc.)
137	A	55	Perform a risk assessment (i.e., sensory impairment, potential for falls, level of mobility, etc.)
50	A	56	Assist with invasive procedures (i.e., central line placements, biopsies, debridements, etc.)
120	A	57	Collaborate with other disciplines in providing client care (i.e., physician, RT, PT, radiology, dietary, lab, etc.)
114	A	58	Protect client from injury (e.g., falls, electrical hazards, malfunctioning equipment, rugs, clutter, etc.)
103	A	59	Actively listening to client/family concerns
72	A	60	Use precautions to prevent further injury when moving client with cervical or spinal injury (i.e., log-rolling, abduction pillow)
94	A	61	Educate client and family about pain management
45	A	62	Perform or assist with dressing change (i.e., wound, central line dressing, etc.)
117	A	63	Make appropriate referrals to community resources
110	A	64	Follow procedures for handling biohazardous materials
104	A	65	Assist client with emotional and spiritual needs
69	A	66	Perform irrigations (i.e., of bladder, ear, eye, etc.)
64	A	67	Access implanted venous access devices (i.e., porta-cath, PAS port, shunt, etc.)
19	A	68	Initiate, maintain and/or evaluate telemetry monitoring
112	A	69	Participate in maintaining institution's security plan (i.e., newborn nursery security, bomb threats, fire emergency plan, etc.)
92	A	70	Educate client/family on home safety issues
11	A	71	Assess family dynamics (i.e., structure, bonding, communication, boundaries, coping mechanisms, etc.)
56	A	72	Perform necessary postmortem procedures
59	A	73	Start an intravenous line (IV)
3	A	74	Monitor and maintain client on a ventilator
85	A	75	Connect and maintain external pacing devices
8	A	76	Identify client's risk for abuse/neglect
61	A	77	Assure appropriate and safe use of equipment in performing client care procedures and treatments

continued on next page

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

SECTION 2: WORK ENVIRONMENT (continued)

- 3b. Which of the following best describes the type of facility/ organization in which the previously identified employment setting/specialty area is located? (*Select only one*)
- Hospital
- Long-term care facility
- Community-based or ambulatory care facility/organization (including public health department, visiting nurses association, home health, physician's office, clinic, school, prison, etc.)
- Other, please specify: _____
4. Alternative/complementary therapies are activities designed to augment the effects of drugs, surgery and technology. Some of the better known alternative/complementary therapies are listed below. Mark those therapies that you personally routinely use in your current nursing position. (*Select ALL that apply*)
- I do not use alternative therapy
- Acupressure or therapeutic touch
- Aromatherapy
- Art therapy
- Biofeedback
- Dance therapy
- Imagery
- Massage therapy
- Music therapy
- Naturopathy
- Pet therapy
- Relaxation therapy
- Other, please specify: _____
5. If you work in a hospital or nursing home, how large is it? (*Select only one*)
- Under 100 beds
- 100-299 beds
- 300-499 beds
- 500 or more beds
- Don't know
- I work in a setting other than a hospital or nursing home

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

- Days (8, 10, or 12 hour shift)
- Evenings (8, 10, or 12 hour shift)
- Nights (8, 10, or 12 hour shift)
- Rotating shifts
- Other, please specify: _____

7. Which of the following best describes the location and size of your employment setting?

- a. Location
- Urban/Metropolitan area
- Suburban
- Rural
- b. Population
- Less than 20,000
- 20,000 to 49,999
- 50,000 to 99,999
- 100,000 to 500,000
- Greater than 500,000
- Don't know

SECTION 3 PART A: NURSING ACTIVITIES

This section contains a list of activities descriptive of nursing practice in a variety of settings. Do not be surprised if some activities do not apply to your setting. For each activity, two questions are asked:

QUESTION A—FREQUENCY: If the activity is performed in your work setting, how often did you personally perform the activity on the last day you worked? If the activity is never performed in your work setting (is not applicable to your type of nursing) then mark the oval in the column with the heading, "NEVER performed in work setting," and go to the next activity. If the activity is applicable to your work setting, mark the oval indicating the approximate total number of times you performed the activity on the last day you worked: Mark "0 Times" if not performed on that last day of work, "1 Time" if performed once, "2 Times" if performed twice, "3 Times" if performed three times, "4 Times" if you performed the activity four times, and "5+ Times" if you performed the activity five or more times on the last day you worked.

QUESTION B—PRIORITY: What is the priority of performing this nursing activity compared to the performance of other nursing activities? All activities are designed to help clients, but some activities are more important than others in regard to client safety. Consider the priority of each activity relative to other nursing activities you perform when considering risk of unnecessary complications, impairment of function, or serious distress to clients. For each activity that is performed in your work setting, mark the box corresponding to a priority rating, from a 1 (lowest priority) to a 4 (highest priority). Please mark a priority rating for all activities performed in your work setting even if you did not perform the activity on your last day of work.

NOTE: Inclusion of an activity on this practice analysis questionnaire does not imply that the activity is or would be included in the registered nurse scope of practice defined by any specific state. You must refer to your local board of nursing for information about your scope of practice.

SECTION 3 PART A: NURSING ACTIVITIES (continued)

Question A – If an activity does not apply to your work setting, mark "Never Performed in work setting" then move to next activity. If activity is performed in your work setting mark 0-5+ reflecting the frequency of performing the activity on your last day of work then complete Question B.
 Question B – Rate the overall priority of this activity considering client safety, and/or threat of complications or distress with 1 = lowest, 2 = low, 3 = high, and 4 = highest.

	A-Frequency					B-Priority					
	NEVER Performed in work setting	0 Times	1 Time	2 Times	3 Times	4 Times	5 or more Times	Lowest	Low	High	Highest
1. Provide and receive report on assigned clients	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
2. Apply principles of infection control (e.g., handwashing, appropriate room assignment, isolation, aseptic/sterile technique, universal/standard precautions)	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
3. Document procedures and treatments performed and response to treatment	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
4. Perform procedures necessary for admitting, transferring, or discharging a client	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
5. Perform emergency care procedures (e.g., cardio-pulmonary resuscitation, Heimlich maneuver, respiratory support, etc.)	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
6. Perform system-specific assessment or re-assessment (i.e., GI, respiratory, cardiac, etc.)	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
7. Administer medication by SQ, IM, intra-dermal, or topical route	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
8. Assess clients vital signs (i.e., temperature, pulse, respiratory rate, and blood pressure)	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
9. Assess psycho-social, spiritual, cultural, and occupational factors affecting care	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
10. Perform intra-natal care (care provided during labor and birth)	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
11. Evaluate appropriateness of medication order for client (i.e., is the medication appropriate to treat the client's condition, given by appropriate route, in appropriate dosage, etc.)	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
12. Supervise care provided by others (i.e., LPN/VN, assistive personnel, other RNs, etc.)	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
13. Provide intraoperative care (positioning, maintain sterile field, operative assessment, etc.)	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
14. Assist client in the performance of activities of daily living (i.e., ambulation, reposition, hygiene, transfer to chair, eating, toileting, etc.)	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
15. Participate in group sessions (i.e., therapy, support groups, etc.)	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
16. Administer medication by intravenous route (i.e., IVP, IVPB, PCA pump, continuous infusion of fluids, parenteral nutrition)	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
17. Perform pre-natal care	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
18. Perform post-natal care	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
19. Administer medication by the oral route or gastric tube (PO, sublingual, buccal, nasogastric tube, G-tube, etc.)	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
20. Provide client and family with information about condition/illness, expected progression and/or possible outcomes	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
21. Monitor client's hydration status (e.g., I&O, edema, signs and symptoms of dehydration, etc.)	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
22. Perform peritoneal dialysis	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
23. Implement the 5 rights of medication administration	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
24. Plan and/or participate in education to individuals in the community (health fairs, school education, drug education, STD, etc.)	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
25. Evaluate client's response to medications	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
26. Assess/triage clients to prioritize the order of care delivery	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
27. Administer blood products	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
28. Perform head to toe physical assessment	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
29. Evaluate client's weight	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
30. Monitor and maintain infusion sites, and equipment (i.e., flushing infusion devices, checking rates, fluids and sites, etc.)	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
31. Obtain urine specimens for diagnostic testing	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
32. Identify barriers to learning	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
33. Recognize tasks/assignments you are not prepared to perform and seek assistance	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
34. Provide peri-natal education	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
35. Provide client or family information about, and/or comply with advanced directives	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
36. Administer medication in the form of eye, ear or nose drops, sprays, ointments or by inhalation (including nebulizer or metered dose inhaler)	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
37. Prepare client for surgery	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
38. Provide therapies for comfort and treatment of, inflammation, swelling (apply heat and cold treatments, elevate limb, etc.)	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
39. Report unsafe practice of health care provider	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
40. Provide education on growth and development	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
41. Provide care and/or support for client with non-substance related dependencies (i.e., gambling, pornography, pedophilia, etc.)	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
42. Perform calculations needed for medication administration	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
43. Perform an electrocardiology test (EKG)	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
44. Provide wound/ostomy care other than dressing change (i.e., wound irrigation, wound debridement, ostomy/fistula care, etc.)	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)
45. Serve as a resource person to other staff	(N)	(0)	(1)	(2)	(3)	(4)	(5)	(1)	(2)	(3)	(4)

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SECTION 3 PART B: KNOWLEDGE

This section contains categories of knowledge that may be used in nursing practice. Rate each of the knowledge categories by marking the ovals corresponding with the following two scales:

Importance	Usage
How important is this knowledge to the work you perform in your current nurse practice setting?	How do you most often use this type of knowledge in providing safe care to clients within your nurse practice setting?
0 – Not important 1 – Minimally important 2 – Moderately important 3 – Very important	0 – I do not use the knowledge 1 – I recognize/recall the knowledge 2 – I apply/interpret/analyze the knowledge

Knowledge Categories	Importance	Usage
Biologic sciences (anatomy & physiology, biology, microbiology): The study of life and living things including the structure and function of the human body and the organisms which invade it.	(0) (1) (2) (3)	(0) (1) (2)
Communication skills: Knowledge and use of oral, non-verbal, written and information technology communication skills necessary for safe, effective client care. These skills are utilized to accurately deliver and receive information between and among the nurse, the health care team, clients, families, and the community. Also included is the ability to recognize and appropriately address barriers to communication.	(0) (1) (2) (3)	(0) (1) (2)
Economics: The study of the management of fiscal resources. This includes a beginning knowledge of access-to-care regulations.	(0) (1) (2) (3)	(0) (1) (2)
Mathematics: Ability to perform the calculations needed to plan and deliver care. Calculations would include, at a minimum, those needed to safely prepare and administer medications to clients and evaluate client fluid balance and nutritional intake.	(0) (1) (2) (3)	(0) (1) (2)
Nutrition: Knowledge of the processes involved in ingesting and utilizing food substances. These processes include ingestion of proper amounts of needed nutrients, digestion, absorption, metabolism and storage.	(0) (1) (2) (3)	(0) (1) (2)
Pathophysiology: Knowledge of how normal physiologic processes are altered by disease.	(0) (1) (2) (3)	(0) (1) (2)
Pharmacology: Knowledge of how drugs interact with body systems to create both desired and unwanted effects.	(0) (1) (2) (3)	(0) (1) (2)
Physical sciences (chemistry and physics): Knowledge of substances (such as electrolytes and hydrogen ions) and the laws governing matter and their influence on normal human functions.	(0) (1) (2) (3)	(0) (1) (2)
Principles of teaching and learning: Knowledge needed to assess learning situations and identify optimal methods of teaching clients of all ages.	(0) (1) (2) (3)	(0) (1) (2)
Quality management/infection Control: Knowledge needed to institute/utilize infection control measures, recognize and report incidents/errors/occurrences, and actively promote the improvement of client care processes. Also included is a working knowledge of standards set by various regulatory bodies such as JCAHO, OSHA, etc.	(0) (1) (2) (3)	(0) (1) (2)
Social sciences (psychology, sociology, growth & development): Knowledge of the emotional, psychological, spiritual, and social functioning of human beings throughout their life span, individually and in families or other societal groups.	(0) (1) (2) (3)	(0) (1) (2)
Care management/leadership: Knowledge needed to organize and coordinate the care needed by one client, a group of clients, or a community. This knowledge includes basic management principles such as motivational strategies, group process, interpersonal relations, and delegation techniques. Included is the ability to collaborate with and coordinate the care provided by members of other health care disciplines.	(0) (1) (2) (3)	(0) (1) (2)
Clinical decision-making/critical thinking: The ability to synthesize, organize and prioritize the multiple variables governing a situation and devise a workable plan for solving problems.	(0) (1) (2) (3)	(0) (1) (2)
Ethics: Knowledge of the principles governing the conduct of a nurse. These principles deal with the relationship of a nurse to the client, families, the health care team, the nursing profession and society.	(0) (1) (2) (3)	(0) (1) (2)
Knowledge needed to perform nursing procedures and psycho-motor skills: Nursing-specific knowledge about performance of procedures and skills such as insertion of a urethral catheter, starting an IV, changing a wound dressing, inserting a naso-gastric tube, collecting lab specimens, reading telemetry strips, monitoring fetal heart tones, etc.	(0) (1) (2) (3)	(0) (1) (2)
Nursing diagnosis: Knowledge needed to recognize assessment data necessitating assignment of one or more identified nursing diagnoses.	(0) (1) (2) (3)	(0) (1) (2)
Nursing research: Knowledge of how to appropriately evaluate the results of nursing research for use in client care.	(0) (1) (2) (3)	(0) (1) (2)
Scope of practice/professional roles: Knowledge of one's own legal scope of practice and the scopes of practice of those to whom activities are assigned or delegated.	(0) (1) (2) (3)	(0) (1) (2)

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SECTION 4: DESCRIPTION OF YOUR LAST DAY OF WORK

1. How many hours did you work on your last day of work?

0.5	1.0
1.5	2.0
2.5	3.0
3.5	4.0
4.5	5.0
5.5	6.0
6.5	7.0
7.5	8.0
8.5	9.0

Number of hours worked

2. For how many patients/clients were you responsible on your last day of work? This includes clients or patients to whom you were assigned to provide direct care, indirect care (provided through others such as licensed practical nurses or nursing assistants), or any performance of tasks or other responsibility for care during all or any part of your time in the work setting.

0.5	1.0	1.5
1.5	2.0	2.5
2.5	3.0	3.5
3.5	4.0	4.5
4.5	5.0	5.5
5.5	6.0	6.5
6.5	7.0	7.5
7.5	8.0	8.5
8.5	9.0	9.5

Number of patients/clients for whom you were responsible or provided some type of care

3. How much of your time was spent performing each of the following types of activities on your last day of work? For each of the sets of activities please rate the approximate amount of time you spent on that type of activity on your last day of work rounded to the nearest hour. For example if you spent about 2 and ¼ hours on a set of activities mark the oval of the "2." If you spent 3 and ¾ hours on another set of activities, mark the oval of the "4" for that set of activities.

Sets of Activities	Approximate Amount of Time (Hours) Spent on Set of Activities
1 Perform activities necessary for safe medication administration (e.g., check for incompatibilities, give medications by appropriate routes, check for side effects and/or desired effects, etc.)	(0) (1) (2) (3) (4) (5) (6) (7)
2 Perform activities related to the psychological needs of clients (e.g., assess for client and family psychological needs; provide support and interventions to assist with coping, and maintenance or improvement of psychological functioning; etc.)	(0) (1) (2) (3) (4) (5) (6) (7)
3 Perform activities related to assessment and/or evaluation of clients (e.g., assess physical status, evaluate lab results, monitor treatment effects, re-assessment rounds, etc.)	(0) (1) (2) (3) (4) (5) (6) (7)
4 Perform routine client care activities (e.g., provide routine cares such as baths, VSs, ambulation, etc.; perform procedures such as wound care, placing urinary catheters, starting IVs, etc.)	(0) (1) (2) (3) (4) (5) (6) (7)
5 Perform activities related to the care environment (e.g., assess clients' home environments, provide a safe care environment, assess for safe functioning of client care equipment, etc.)	(0) (1) (2) (3) (4) (5) (6) (7)

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3. (continued)

Sets of Activities	Approximate Amount of Time (Hours) Spent on Set of Activities
6 Provide educational support to clients and families (e.g., assess level of knowledge, teach about condition and interventions, provide information about caring for others, etc.)	(0) (1) (2) (3) (4) (5) (6) (7)
7 Work effectively within a health care team (e.g., supervise or guide care provided to clients by other staff; communicate with physician, dietician, physical therapy, respiratory therapy, and/or other health team members about clients; take verbal or phone orders; perform discharge planning; teach staff members, etc.)	(0) (1) (2) (3) (4) (5) (6) (7)
8 Perform administration/management activities (e.g., schedule staff hours; hire, fire, or discipline staff members; make staff assignments; plan staff education activities; order supplies, etc.)	(0) (1) (2) (3) (4) (5) (6) (7)
9 Perform activities related to the ethical or legal aspects of care (e.g., enquire about clients' advanced directives; provide for client privacy, act as a client advocate, etc.)	(0) (1) (2) (3) (4) (5) (6) (7)
10 Other activities not covered by above - write in below	(0) (1) (2) (3) (4) (5) (6) (7)

SECTION 5: DEMOGRAPHIC INFORMATION

In this section you are asked to provide background information that will be summarized to describe the group that completed this questionnaire. No individual responses will be reported.

1. Did you work as a nursing assistant/aide, etc. prior to becoming a RN?

- Yes
- No ⇒ Skip to question 2

If "yes", for how many years and months?

0.5	1.0	years	and	0.5	1.0	months
1.5	2.0			1.5	2.0	
2.5	3.0			2.5	3.0	
3.5	4.0			3.5	4.0	
4.5	5.0			4.5	5.0	
5.5	6.0			5.5	6.0	
6.5	7.0			6.5	7.0	
7.5	8.0			7.5	8.0	

2. Did you work as a LPN/VN prior to becoming a RN?

- Yes
- No ⇒ Skip to question 3

If "yes", for how many years and months?

0.5	1.0	years	and	0.5	1.0	months
1.5	2.0			1.5	2.0	
2.5	3.0			2.5	3.0	
3.5	4.0			3.5	4.0	
4.5	5.0			4.5	5.0	
5.5	6.0			5.5	6.0	
6.5	7.0			6.5	7.0	
7.5	8.0			7.5	8.0	

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Appendix D

Activities Rank Ordered by Average Total Group Frequency

#	Activity	Average Frequency (Total Group)
106	Provide care and/or support for client with nonsubstance-related dependencies (i.e., gambling, pornography, pedophilia, etc.)	0.17
78	Perform prenatal care	0.21
77	Perform phototherapy	0.27
90	Provide perinatal education	0.27
140	Perform fetal heart monitoring	0.31
83	Perform peritoneal dialysis	0.32
138	Perform intranatal care (care provided during labor and birth)	0.32
100	Participate in group sessions (i.e., therapy, support groups, etc.)	0.39
139	Perform postnatal care	0.39
15	Perform age-specific screening examinations (i.e., Denver Developmental, scoliosis assessment, breast examinations, testicular examinations, etc.)	0.41
79	Provide newborn care	0.42
85	Connect and maintain external pacing devices	0.44
99	Plan and/or participate in education to individuals in the community (health fairs, school education, drug education, STD, etc.)	0.44
71	Perform gastric lavage	0.46
127	Report unsafe practice of health care provider	0.49
56	Perform necessary postmortem procedures	0.51
84	Incorporate alternative/complementary therapies into client's plan of care (i.e., acupuncture, dance therapy, music therapy, play therapy, etc.)	0.53
41	Administer drugs to induce conscious sedation	0.56
111	Prepare/implement emergency response plans (i.e., internal/external disaster)	0.64
87	Provide education on growth and development	0.65
9	Identify the need for, institute, and maintain suicide precautions	0.70
3	Monitor and maintain client on a ventilator	0.72
133	Comply with regulations for reporting (e.g., abuse/neglect, communicable disease, gunshot wounds, dog bites, etc.)	0.72
46	Insert nasogastric tube	0.73
82	Remove wound sutures or staples	0.74

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

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

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#	Activity	Average Frequency (Total Group)
60	Care for devices and equipment used for drainage (i.e., surgical wound drains, chest tube suction or drainage devices, urethral catheter care, etc.)	2.31
54	Discontinue or remove IV, NG, urethral catheter, or other lines and tubes	2.41
55	Perform procedures necessary for admitting, transferring or discharging a client	2.43
122	Initiate, update multidisciplinary care plan, care map, clinical pathway used to guide or evaluate client care	2.48
25	Perform calculations needed for medication administration	2.57
13	Perform and utilize health history	2.58
141	Provide care that meets the special needs of the elderly client	2.58
5	Assess/triage clients to prioritize the order of care delivery	2.6
108	Assess psychosocial, spiritual, cultural and occupational factors affecting care	2.6
137	Perform a risk assessment (i.e., sensory impairment, potential for falls, level of mobility, etc.)	2.62
38	Adjust/titrate dosage of medication based on assessment of physiologic parameters (i.e., giving insulin according to blood sugar levels, titrating medication to maintain a specified blood pressure, etc.)	2.68
94	Educate client and family about pain management	2.7
121	Supervise care provided by others (i.e., LPN/VN, assistive personnel, other RNs, etc.)	2.72
110	Follow procedures for handling biohazardous materials	2.75
23	Check for potential interactions of medications with food, fluids and other drugs	2.8
145	Utilize therapeutic communication techniques to provide support to client or family and/or increase client understanding of his/her behavior	2.86
57	Administer oxygen therapy	2.95
86	Educate client and/or family about medication regimen, treatments and procedures	2.99
16	Evaluate the results of diagnostic testing (e.g., lab, radiology, EKG, etc.)	3.01
119	Provide and receive report on assigned clients	3.04
98	Document teaching performed and level of understanding: client, family or staff	3.06
88	Provide client and family with information about condition/illness, expected progression and/or possible outcomes	3.13
132	Act as a client advocate	3.2
134	Comply with regulations governing controlled substances (e.g., counting narcotics, wasting narcotics, etc.)	3.21
123	Receive and/or transcribe health care provider orders	3.22
22	Prepare medication for administration (i.e., crush medications as needed and appropriate, place in appropriate administration device, assemble equipment, etc.)	3.27
63	Assist client in the performance of activities of daily living (i.e., ambulation, reposition, hygiene, transfer to chair, eating, toileting, etc.)	3.32
76	Implement measures to manage/prevent possible complications of client's condition and/or procedure (i.e., circulatory complications, seizures, aspiration, potential neurological complications, etc.)	3.32
29	Administer medication by SQ, IM, intradermal or topical route	3.34
120	Collaborate with other disciplines in providing client care (i.e., physician, RT, PT, radiology, dietary, lab, etc.)	3.34

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#	Activity	Average Frequency (Total Group)
114	Protect client from injury (e.g., falls, electrical hazards, malfunctioning equipment, rugs, clutter, etc.)	3.35
149	Use measures to maintain client's skin integrity (e.g., skin care, turn client, alternating pressure mattress, etc.)	3.38
61	Assure appropriate and safe use of equipment in performing client care procedures and treatments	3.39
43	Perform diagnostic testing (i.e., O ₂ saturation, glucose monitoring, testing for occult blood, gastric Ph, urine specific gravity, etc.)	3.47
27	Administer medication by the oral route or gastric tube (PO, sublingual, buccal, nasogastric tube, G-tube, etc.)	3.53
12	Perform head to toe physical assessment	3.67
103	Actively listen to client/family concerns	3.68
28	Administer medication by intravenous route (i.e., IVP, IVPB, PCA pump, continuous infusion - fluids, parenteral nutrition)	3.76
24	Review pertinent data prior to medication administration (i.e., VS, lab results, allergies, etc.)	3.8
14	Perform system-specific assessment or reassessment (i.e., GI , respiratory, cardiac, etc.)	3.83
7	Monitor client's hydration status (e.g., I&O, edema, signs and symptoms of dehydration, etc.)	3.84
21	Evaluate appropriateness of medication order for client (i.e., is the medication appropriate to treat the client's condition, given by appropriate route, in appropriate dosage, etc.)	3.85
39	Monitor and maintain infusion sites and equipment (i.e, flushing infusion devices, checking rates, fluids and sites, etc.)	3.85
20	Check/verify accuracy of order	3.95
18	Evaluate client's response to medications	4.2
6	Assess client's vital signs (i.e., temperature, pulse, respiratory rate and blood pressure)	4.23
42	Document medication administration and client response	4.3
75	Document procedures and treatments performed and response to treatment	4.31
126	Maintain client confidentiality/privacy	4.31
26	Implement the 5 rights of medication administration	4.4
109	Apply principles of infection control (e.g., handwashing, appropriate room assignment, isolation, aseptic/sterile technique, universal/standard precautions)	4.65

Appendix E

Activities Rank Ordered by Average Priority Rating

#	Activity	Average Priority 1-4
106	Provide care and/or support for client with nonsubstance-related dependencies (i.e., gambling, pornography, pedophilia, etc.)	2.02
100	Participate in group sessions (i.e., therapy, support groups, etc.)	2.03
84	Incorporate alternative/complementary therapies into client's plan of care (i.e., acupuncture, dance therapy, music therapy, play therapy, etc.)	2.12
90	Provide perinatal education	2.17
78	Perform prenatal care	2.25
99	Plan and/or participate in education to individuals in the community (health fairs, school education, drug education, STD, etc.)	2.26
77	Perform phototherapy	2.27
138	Perform intranatal care (care provided during labor and birth)	2.33
87	Provide education on growth and development	2.38
139	Perform postnatal care	2.42
56	Perform necessary postmortem procedures	2.43
15	Perform age-specific screening examinations (i.e., Denver Developmental, scoliosis assessment, breast examinations, testicular examinations, etc.)	2.43
117	Make appropriate referrals to community resources	2.47
142	Assist client/family to identify/participate in activities fitting his/her age, preference, physical capacity, and psychosocial/behavioral/physical development	2.49
83	Perform peritoneal dialysis	2.50
116	Participate in performance improvement/quality assurance process (formally collect data, or participate on a team)	2.51
140	Perform fetal heart monitoring	2.52
71	Perform gastric lavage	2.55
82	Remove wound sutures or staples	2.55
107	Promote healthy family, client, community interactions	2.57
11	Assess family dynamics (i.e., structure, bonding, communication, boundaries, coping mechanisms, etc.)	2.60
147	Obtain urine specimens for diagnostic testing	2.64
136	Participate in educating staff	2.64
68	Apply, maintain or remove orthopedic devices (e.g., traction, splints, braces, casts, ace wraps, etc.)	2.64
1	Evaluate client's weight	2.66
108	Assess psychosocial, spiritual, cultural and occupational factors affecting care	2.66
79	Provide newborn care	2.69
69	Perform irrigations (i.e., of bladder, ear, eye, etc.)	2.69
96	Identify barriers to learning	2.70

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#	Activity	Average Priority 1-4
146	Intervene with client who has an alteration in nutritional intake (e.g., institute diet, change method or time of meals, arrange for more ethnically appropriate foods, etc.)	2.71
89	Provide information necessary for prevention of high risk health behaviors (i.e., smoking cessation, safe sexual practices, etc.)	2.72
135	Serve as a resource person to other staff	2.74
92	Educate client/family on home safety issues	2.75
124	Maintain continuity of care between/among care agencies	2.76
48	Intervene with client who has an alteration in bowel elimination (e.g., give enema, remove fecal impaction)	2.80
53	Perform an electrocardiology test (EKG)	2.81
125	Provide client or family information about, and/or comply with, advance directives	2.81
102	Provide a therapeutic or controlled environment for clients with emotional/behavioral issues	2.81
41	Administer drugs to induce conscious sedation	2.83
95	Provide information about health maintenance recommendations (i.e., physician visits, immunizations screening exams, etc.)	2.83
122	Initiate, update multidisciplinary care plan, care map, clinical pathway used to guide or evaluate client care	2.83
104	Assist client with emotional and spiritual needs	2.84
37	Administer medication by less common routes (i.e., vaginally, rectally, bladder instillation, continuous abdominal peritoneal dialysis, endotracheal tube, by epidural catheter or intraosseous)	2.84
46	Insert nasogastric tube	2.84
148	Obtain specimens, other than blood or urine, for diagnostic testing (i.e., PKU testing, wound cultures, stool specimens, etc.)	2.84
144	Assist client to compensate for a sensory impairment (e.g., hearing, sight, etc.)	2.87
63	Assist client in the performance of activities of daily living (i.e., ambulation, reposition, hygiene, transfer to chair, eating, toileting, etc.)	2.87
67	Provide therapies for comfort and treatment of inflammation, swelling (apply heat and cold treatments, elevate limb, etc.)	2.91
51	Insert urethral catheter	2.91
66	Provide wound/ostomy care other than dressing change (i.e., wound irrigation, wound debridement, ostomy/fistula care, etc.)	2.92
65	Maintain desired temperature of client using external devices (e.g., hypothermia blankets, ice packs, etc.)	2.93
121	Supervise care provided by others (i.e., LPN/VN, assistive personnel, other RNs, etc.)	2.93
50	Assist with invasive procedures (i.e., central line placements, biopsies, debridements, etc.)	2.94
54	Discontinue or remove IV, NG, urethral catheter, or other lines and tubes	2.95
64	Access implanted venous access devices (i.e., porta-cath, PAS port, shunt, etc.)	2.96
73	Provide intraoperative care (positioning, maintain sterile field, operative assessment, etc.)	2.97
31	Administer medication in the form of eye, ear or nose drops, sprays, ointments or by inhalation (including nebulizer or metered dose inhaler)	2.98
98	Document teaching performed and level of understanding: client, family or staff	2.98
105	Provide support/respect for client's cultural practices/beliefs	2.98

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

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

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



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