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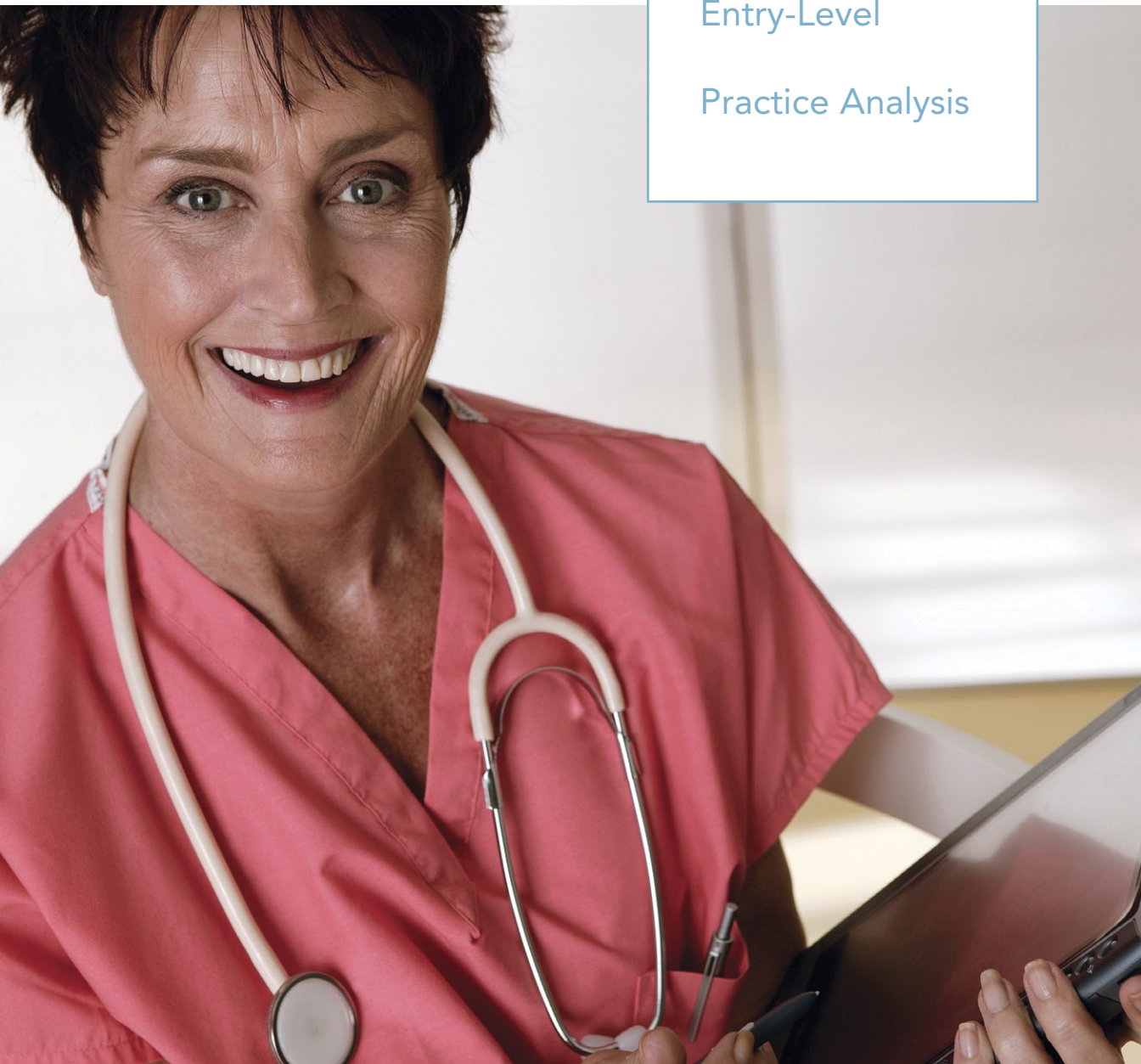
2006 RN Post

Entry-Level

Practice Analysis

Report of Findings from the

2006 RN
Post Entry-Level
Practice Analysis

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

Mission Statement

The National Council of State Boards of Nursing, composed of member boards, provides leadership to advance regulatory excellence for public protection.

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EXECUTIVE SUMMARY

The National Council of State Boards of Nursing (NCSBN®) currently conducts practice analyses for entry-level registered nurses (RNs) once every three years. The information is then used to evaluate the validity of the current NCLEX-RN® examination. This study, however, was the first to describe post entry-level RN practice to determine if there is a core set of RN activity statements that can be used to assess core RN competencies regardless of practice setting, specialty area and years of experience.

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

Panel of Subject Matter Experts

Two panels consisting of 27 RNs were assembled to assist with the practice analysis. All panel members were RNs in current practice and represented all geographic areas of the country, all major nursing specialties, all major practice settings and a range of years of experience.

Questionnaire Development

A total of 129 activity statements were incorporated into a practice analysis survey. The survey also included questions about the nurses' practice settings, past experiences and demographics. Two forms of the survey were created to decrease the number of activity statements rated by each respondent. Both survey forms included 23 common activity statements. The remaining 106 activity statements were selected for placement on the two survey forms. The resulting surveys contained 76 activity statements each. Except for the 53 activity statements unique to the two forms, the questionnaires were identical.

Survey Process

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

A five-stage mailing process was used to engage potential participants in the study. All potential participants were promised confidentiality with regard to their participation and their responses.

In January 2006, 20,000 surveys were sent to a mailing house to be distributed to RNs across the country. The mailings were divided equally across the two forms of the *RN Continued Competence Study* instrument. Prior to mailing inside the continental U.S., the mailing house checked the addresses using a program, which accesses the National Change of Address (NCOA) database. This program identified 180 invalid addresses, mostly due to persons moving without providing a change of address. From the 19,820 remaining mailings, an additional 302 surveys were returned due to incorrect addresses. Surveys were returned by 4,777 respondents for an adjusted return rate of 24.5%. The data was then analyzed to ensure it met two quality assurance criteria: completion of 25% of the survey and currently employed as an RN. This resulted in 4,015 respondents for an analyzable response rate of 20.6%.

DEMOGRAPHICS, EXPERIENCES AND WORK ENVIRONMENTS OF PARTICIPANTS

Demographics/Past Experiences

Geographic Area

Respondents were asked the state or territory in which they were currently practicing. Respondents were next classified into the four geographic areas of the NCSBN member jurisdictions. One respondent did not answer this survey question. Area III had the largest representation with 30.9% of the responding RNs. Area I had the lowest percentage of representation at 15.0%.

Age and Gender

The majority of respondent RNs reported being female (96.0%). The reported ages of respondent RNs ranged from 20 to 84 years. Overall the average age of respondent RNs was 48.1 years (SD 10.21 years).

Years of Experience as an RN

On average, RNs reported approximately 20 years of RN work experience.

Racial/Ethnic Background

The majority (85.9%) respondent RNs reported White (Not of Hispanic Origin) as their racial/ethnic background. Approximately 5% selected African American and 2.3% selected Hispanic. There were 17 respondents who did not answer this question.

Nursing Education Background

Overall, the highest percentage of RNs indicated associate degree (36.4%) and baccalaureate degree (36.8%) as their highest level of nursing education. Completion of a nursing diploma accounted for 16.3% of the RN responses and 9.0% indicated a master's degree as their highest level of nursing education.

Formal Education Background

The greatest percentage of RNs indicated baccalaureate degree (39.0%) as their highest level of formal education. Completion of an associate degree accounted for 33.7% of the RN responses and 12.8% indicated a master's degree as their highest level of education.

Certifications Held

Respondents were asked to select, from a list, all the nursing specialty certifications they currently held. RNs were most likely to hold certifications in critical care nursing (7.7%) and medical-surgical nursing (7.9%). About 24% of RNs reported holding a type of nursing specialty certificate that was not listed as an option.

Continuing Education

RNs reported earning an average of 21 continuing education (CE) contact hours per year. On average, RNs who indicated public health department as their primary facility reported the greatest yearly CE contact hours. Respondents from business/industry and home health care settings reported the lowest average CE contact hours.

Work Environment

Hours Worked

On average, respondents reported working 36.3 hours per week as an RN. There was little variance across facilities and specialty practice.

Primary Facility

The majority of RN respondents (59.1%) reported working in hospitals. About 13.0% of RNs reported working in community-based/ambulatory care, and 6.3% worked in long-term care, while 6.0% reported working in home health care.

Primary Specialty

Of the listed clinical specialties, RN respondents most frequently indicated medical-surgical (10.5%), critical care (10.4%), and operating room (7.2%) as their primary specialty area. Approximately 22.0% of RNs reported working in a type of specialty area that was not listed as an option.

Primary Role

The majority of RN respondents (64.9%) reported staff nurse as their primary role. About 11.0% of RNs reported working as managers, and 3.2% worked as administrators. About 17.0% of respondents indicated a type of role that was not listed as an option.

Activity Performance Characteristics

Representativeness of Activity Statements

The participants were asked whether the activities on their questionnaire form represented what they actually performed in their positions. A majority indicated that the activities were representative of their current practice. This finding shows that the survey was perceived by respondents as being a sufficient or reasonable representation of their work. The accuracy of activity statements is important for establishing the content validity of the survey. In addition, the respondents were asked to list any activity statements that were "missing." These comments were reviewed by NCSBN nursing content staff and no additional activities were noted to be "missing." The written comments listed activities included on the other form, further establishing the content validity of the survey.

Core RN Practice

Respondents were asked to indicate "Y-Yes" or "N-No" as to whether an activity was part of core RN practice. Core practice was defined as "the essential knowledge, skills, and abilities needed to practice safely regardless of practice setting." The activity statement ratings of core practice ranged from 0.42 (42% of the respondents thought the activity was part of core practice) to 0.99 (99% of the respondents thought the activity was part of core practice). "Manage the care of a pre-, peri- and postnatal client" and "Evaluate occupational/environmental exposures" received the lowest ratings of 0.42 and "Use critical thinking skills to make decisions" and "Maintain confidentiality/privacy" received the highest ratings of 0.99.

Applicability of Activities to Practice Setting

Respondents indicated an activity was not applicable to his or her work setting by marking the "NA Not Applicable" response. The activities ranged from approximately 1.10% not applicable or not performed to 72.59% (nearly three-fourths of the respondents reported the activity was not performed within their work setting).

Frequency of Activity Performance

Respondents were asked to rate the frequency of performance of all activities that were applicable to their work settings. They reported how frequently they performed the activity on a typical day they worked using a five-point scale: "0 Performed less than 1 time a day" to "4 times or more a day." Average total group frequencies ranged from 0.52 to 3.78 times per day.

Importance of Activity Performance

Respondents were asked to rank the importance of performing each nursing activity for RN practice considering client safety. Importance ratings were recorded using a 4-point scale: "1" (Not Important) to "4" (Extremely Important). Average total group importance ratings ranged from 2.80 to 3.87.

Summary

The *2006 RN Post Entry-Level Practice Analysis* study collected data on core practice and the frequency and importance of RN activity performance. NCSBN's Continued Competence Task Force reviewed the results of the study and noted that importance ratings provided by the RN respondents were generally comparable across facilities, specialty practices, years of experience and geographic regions.

Conclusion

A nonexperimental, descriptive study was conducted to explore the importance and frequency of activities performed by post entry-level RNs as well as those activities that are part of core RN practice. More than 4,700 RNs responded. In general, findings indicate that RN work is similar regardless of facility, specialty, years of experience and geographic region. Therefore, results of this study can be used to identify core RN activities and to develop core RN competencies.

Report of Findings from the

2006 RN
Post Entry-Level
Practice Analysis

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

BACKGROUND OF STUDY

The National Council of State Boards of Nursing (NCSBN®) currently conducts practice analyses for entry-level registered nurses (RNs) once every three years. The information is then used to evaluate the validity of the current NCLEX-RN® examination. This study, however, was the first to describe post entry-level RN practice to determine if there is a core set of RN activity statements that can be used to assess core RN competencies regardless of practice setting, specialty area and years of experience.

In order to ensure that the results of a practice analysis are valid, a number of steps were necessary for the completion of this practice analysis. Subject matter experts were assembled, a questionnaire was developed and piloted, a sample of RNs was selected, and data were collected and analyzed.

According to professional testing and measurement standards, a practice analysis should address the importance and frequency with which [nursing] activities are performed.

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

> *Standard 14.10 When evidence of validity on test content is presented, the rationale for defining and describing a specific job content domain in a particular way (e.g., tasks, knowledge, skills, abilities or other personal characteristics) should be stated clearly.*

> *Standard 14.14 The content domain to be covered by a credentialing test should be defined clearly and justified in terms of importance of the content for the credential-worthy performance in*

an occupation or profession. A rationale should be provided to support a claim that the knowledge or skills being assessed are required for credential-worthy performance in an occupation and are consistent with the purpose for which the licensing or certification program was instituted.

Indeed, it has been stated that a practice analysis should address those competencies that are needed by the professional to practice safely and effectively in order to protect the public (CLEAR, 2004). As will be shown in the next section, NCSBN's methodology meets and exceeds these industry standards.

In order to ensure that the methodology used for the *2006 RN Post Entry-Level Practice Analysis* met and/or exceeded industry standards, the 2006 External Panel of Job Analysis Methodology Experts reviewed and approved the general methodology. *See Appendix A for the list of External Panel of Job Analysis Methodology Experts and their areas of expertise.*

Also, the study protocol was reviewed and approved by NCSBN's executive director for compliance with organizational guidelines for research studies involving human subjects.

METHODOLOGY

A number of steps are necessary to perform an analysis of post entry-level RN practice. This section describes the methodology used to conduct the *2006 RN Post Entry-Level Practice Analysis* study. Descriptions of subject matter expert (SME) panels, processes used to develop a comprehensive list of activity statements, questionnaire development, sample selection and data collection procedures are provided, as well as information about assurance of confidentiality, response rates and the degree to which the sample was representative of the population of RNs.

Preliminary Interviews with Nurse Leaders

In order to collect information about trends in nursing and health care and to anticipate possible changes in future nursing practice, a variety of leaders in the nursing profession were interviewed regarding their opinions. These interviews with nurse leaders were conducted, recorded and transcribed in July and August 2005. After the leaders' identifying information was removed in order to provide anonymity, the transcriptions of the phone interviews were made available as source documents for the SME panels to consider when developing the activity statements. In addition, NCSBN nursing staff reviewed the transcripts of the interviews and when themes or trends were noted, this information was provided to the SME panels for consideration when developing activity statements.

Panels of Subject Matter Experts (SMEs)

Two SME panels consisting of a total of 27 RNs assembled to assist with the practice analysis. The SMEs were nominated for the panel by their professional organizations because of their current expertise in their specialty area. All panel members were RNs in current practice. The RNs represented all geographic areas of the country, all major nursing specialties, all major practice settings, a range of years of experience, and 27 RN professional and specialty practice organizations. *See Appendix B for a listing of panel members and their expertise as well as the nursing organizations they represented.* Two consecutive panels were used in order to allow for full participation by all panel members. Care was taken to ensure specialty representation in each panel as can be seen in Appendix C. The first panel developed an initial list of RN activity statements; the second panel refined the list of activity statements. There was full participation by all panel members and there was no domination by any one member of the two groups. The SMEs provided positive ratings regarding the meeting and group process.

The SME panels performed several tasks crucial to the success of the practice analysis study. Each panel member was asked to request that three of their colleagues complete a log of their daily activities. The panelists also submitted job descriptions, orientation manuals, performance evaluations, and institutional policies and procedures. This information was summarized and the panel reviewed:

1. Summaries of nursing activities from the activity logs completed by RNs working in various practice settings,

2. Documents from various practice settings such as job descriptions, orientation, guidelines, performance evaluations, policies and procedures,

3. Nursing activity statements from previous nursing practice job analyses,

4. Results of a literature review of nursing competencies,

5. Competencies from various professional nursing organizations, and

6. Transcriptions of telephone interviews with various nurse leaders.

The panels were given an orientation to the development of activity statements and frameworks that could be used to categorize activity statements. A category structure was reviewed and revised by the panels. The panel members worked to create a list of nursing activities performed within each category. Each nursing activity was reviewed for applicability to the delivery of safe care to members of the public and the scope of RN practice. Care was taken to create the nursing activities at approximately the same

level of conceptual specificity, to avoid redundancy within and between categories, and to ensure that the activity statements were clear, understandable and observable. In addition, the panels ensured that the list of activities was comprehensive in order to ensure that there was no artificial restriction in the range of activities and took into consideration that the number of activities would not create an over-whelming burden for the responding RNs.

Additionally, NCSBN's Continued Competence Task Force met to review and approve the list of activity statements. *See Appendix D for the members of the Continued Competence Task Force.*

Finally, the SMEs also provided frequency and importance ratings on the final list of nursing ac-tivity statements to assist in evaluating the validity of the instrument as shown in Table 11 Response Validation.

Questionnaire Development

A number of processes were used to create, evalu-ate and refine the survey instrument used for the *2006 RN Post Entry-Level Practice Analysis* study. The activity statements created by the SME panels were reviewed and edited by the 2006 NCSBN Con-tinued Competence Task Force. The resulting 129 activity statements were incorporated into a survey format.

The activity statements were integrated into a practice analysis survey that had been reviewed and approved by the SME panels and the Contin-ued Competence Task Force. The survey included questions about the nurses' practice settings, past experiences and demographics. Two forms of the survey were created to decrease the number of activity statements contained on each form and to increase the likelihood that the survey would be com-pleted by respondents. The survey forms included 23 common activity statements. The remaining 106 activity statements were selected for placement on the two forms. The resulting surveys contained 76 activity statements. Except for the 53 activity state-ments unique to the two forms, the questionnaires were identical. *See Appendix E for a list of the activ-ity statements and placement on forms.*

The survey was divided into four sections. The first section contained demographic questions including the average number of CE contact hours that the participants earned each year regardless of whether or not their jurisdiction required it. Section 2 asked about their work environment. Section 3 asked about their performance of nursing activities using three separate questions and scales. First, the participants were asked, "Y-Yes" or "N-No", if the activity was part of core RN practice. Next, participants were asked to provide a rating about the importance of each activity for RN practice considering client safety using a scale of "1 Not Important," "2 Some-what Important," "3 Important" and "4 Extremely Important." The third scale asked participants if the activity was performed in their work setting on a typical day using a scale of "0 Typically performed less than 1 time a day" to "4 times a day or more." The scale also included an "NA Not applicable" rat-ing. A space to write in any activities not mentioned in the survey was included at the end of Section 3. Section 4 asked for additional comments and con-tact information for recognition of participation and awards. See Appendix F for the survey forms.

Survey Process

Sample Selection

A sample of 20,000 RNs was selected. This sample was split into two subsets of 10,000 RNs that had roughly the same geographic representativeness. The sample was stratified by jurisdiction and then randomly drawn from the population of active licenses within that jurisdiction. Given this proce-dure and the large sample size, it was reasonable to assume that the RNs receiving a survey should be proportionally equivalent to the population with regard to employment setting, clinical specialty and other important factors.

Mailing

Prior to the mailing of the survey, an announcement postcard was mailed to the sampled RNs telling them to expect an important survey in a few days. This mailing was followed by the survey, which was sent via first-class mail. One week later, a reminder

postcard was sent. A second reminder postcard was sent two weeks later. A third reminder postcard was sent approximately three weeks after the initial mailing in anticipation of increasing the response rate. A second survey was sent to any participants who requested one. *See Appendix G for a copy of the postcards.*

There were 20,000 surveys sent to a mailing house to be distributed to RNs in NCSBN's jurisdictions. The mailings were divided equally across the two forms of the *RN Continued Competence Study* instrument. Prior to mailing inside the continental U.S., the mailing house checked the addresses using a program that accesses the National Change of Address (NCOA) database. This program identified 180 invalid addresses, mostly due to persons moving without providing a change of address. Surveys were sent to the remaining 19,820 RNs throughout the U.S. and its territories. There were 302 surveys returned because of incorrect addresses.

Representativeness

The sample selected for this study was proportionally equivalent to the population from which the sample was drawn as shown in Table 1. The survey respondents were not substantially different from the population as estimated from the number of active licenses reported in the *2003 Nurse Licensee Volume and NCLEX Examination Statistics* (NCSBN, 2005).

Table 1. Representativeness			
NCSBN Area	Population %	Sample %	Survey %
I	17.56	18.01	14.87
II	27.57	25.57	29.71
III	33.64	30.25	30.96
IV	21.23	26.17	24.46

The geographic distribution, gender, ethnicity and work settings of survey respondents from this study are similar to the respondents reported in the Health Resources and Services Administration's publication, *The Registered Nurse Population: National Sample Survey of Registered Nurses* (HRSA, 2004).

Confidentiality

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

Return Rates

Data collection ended on March 9, 2006, approximately six weeks after the survey was sent to participants. A total of 4,777 were returned and scanned for an adjusted return rate of 24.5%. The data was then further filtered by excluding surveys that did not meet two additional quality control criteria: at least 25.0% of the survey was completed and the respondent was currently employed as an RN.

The first quality control criterion (25.0% of survey completion) accounted for the removal of 274 respondents. The second quality control criterion (employed as an RN) accounted for the removal of 488 respondents. A total of 762 surveys were excluded from the sample based on the two quality control criteria resulting in an analyzable return rate of 20.6%. There were 4,015 analyzable surveys that had valid responses.

Scale and Respondent Reliability Estimates

Two reliability estimates were calculated to evaluate the amount of error associated with the survey as well as the agreement among the respondents. These calculations provided a measure of the consistency of the survey. To evaluate the instrument, a statistic known as coefficient alpha was calculated. The number of questions and the number of respondents affects these estimates. Higher values (e.g., greater than 0.90) reflect lower error, with a maximum theoretical value of 1.0. For this survey, the importance ratings from the two forms had a coefficient alpha reliability estimates of 0.98, which suggested limited error (Guilford, 1956).

A second measure to establish reliability estimates for the respondent group was also calculated. This statistic is known as an intraclass correlation (ANOVA). Each of the survey forms had reliability estimates greater than 0.99, indicating good reliability (Hopkins, 1990). *See Table 2.*

Table 2. Reliability Estimates			
Form	N Items	N Cases	Scale Reliability
RN_CC Form 1	76	1,045	.98
RN_CC Form 2	76	800	.98

Summary

Two panels of SMEs with varied backgrounds in practice settings, specialty practice, and years of experience in practice met and created a list of RN nursing activities that could be performed. After stratifying by jurisdiction, a total of 20,000 RNs were selected at random from among a list of practicing RNs. An instrument and data collection methodology was developed to gather the respondent information. An analyzable response rate of 20.6% was obtained.

DEMOGRAPHICS, EXPERIENCES AND PRACTICE ENVIRONMENTS OF PARTICIPANTS

Figure 1. NCSBN Geographic Areas

Area I 15.0%
Area II 29.7%
Area III 30.9%
Area IV 24.5%

The following section presents demographic information about the 4,015 RN respondents including age, gender, racial/ethnic backgrounds, educational background, geographic region and experiences. Following the demographic analysis, surveyed characteristics of the RN respondents' environment including primary facility, primary specialty and role are presented.

Geographic Area

Respondents were asked the state or territory in which they were currently practicing. One respondent did not answer this survey question. As seen in Figure 1, Area III had the largest representation with 30.9% of the responding RNs. Area I had the lowest percentage of representation at 15.0%. The responses were grouped by the four geographic areas of the NCSBN member jurisdictions listed in Table 3.

Age and Gender

The majority of RN respondents were female (96.0%). The reported ages of respondent RNs ranged from 20 to 84 years. Overall, the average age of RN respondents was 48.1 years (SD 10.21 years). *See Figure 2.*

Years of Experience

On average, respondents reported approximately 20 years of RN work experience. There were 143 respondents who did not answer this question. Of those who responded, 23.6% had 0 to 10 years of experience, 28.2% had 11 to 20 years of experience, 25.5% had 21 to 29 years of experience, and 22.7% had 30 or more years of experience. *See Figure 3.* Table 4 outlines how years of experience were grouped for initial data analysis.

Table 3. Jurisdictions Included in NCSBN Areas

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

Table 4. Years of Experience

Years of Experience	N	%
0-10 Years	912	23.6
11-20 Years	1,094	28.2
21-29 Years	987	25.5
30 Years or More	879	22.7

Figure 2. Age
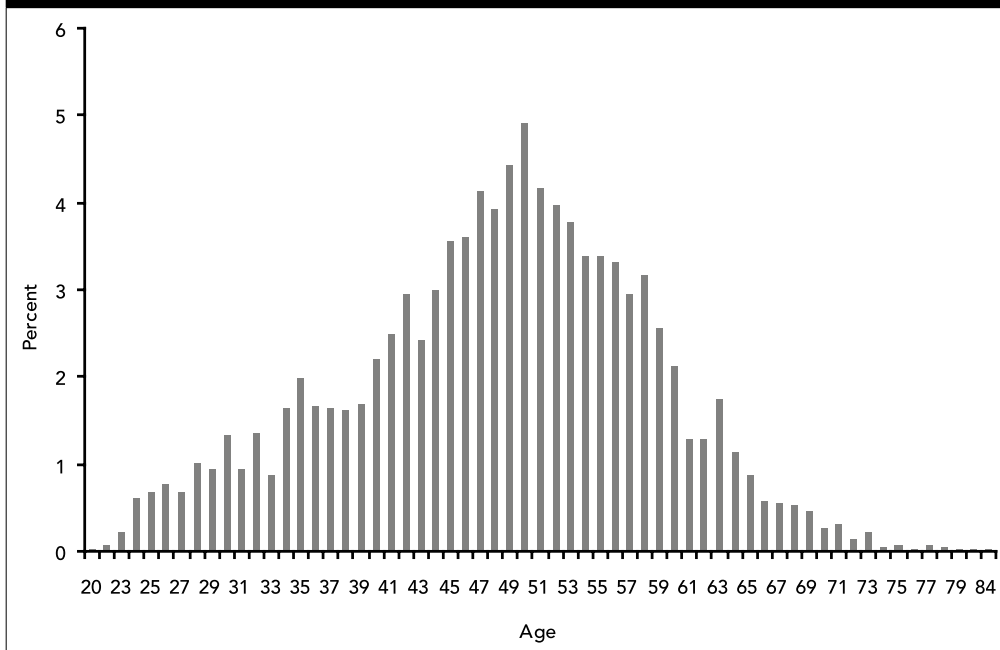
Figure 3. Years of Experience
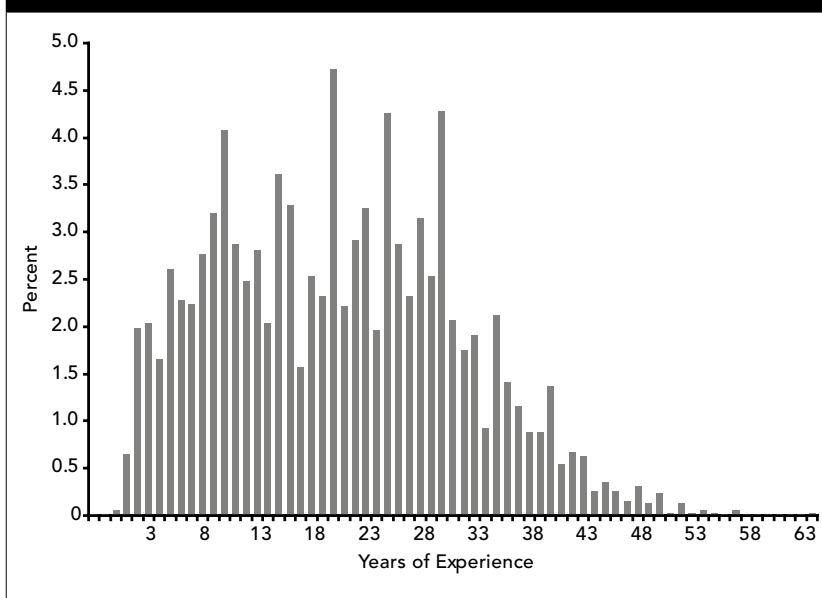
Racial/Ethnic Background

The majority (85.9%) of respondent RNs reported White (Not of Hispanic Origin) as their racial/ethnic background. Approximately 5% selected African American, and 2.3% selected Hispanic. There were 17 respondents who did not answer this question. *See Figure 4.*

Nursing Education Background

Overall, the largest percentage of RNs indicated associate degree (36.4%) and baccalaureate degree (36.8%) as their highest level of nursing education. Completion of a nursing diploma accounted for 16.3% of the RN responses and 9.0% indicated a master's degree as their highest level of nursing education. *See Figure 5.*

Figure 4. Racial/Ethnic Background

Ethnicity	Percent
Asian Indian	0.9
Asian Other	3.1
African American	5.1
Hispanic	2.3
Native American	0.6
Pacific Islander	0.6
White/Non-Hispanic	85.9
Other	1.7
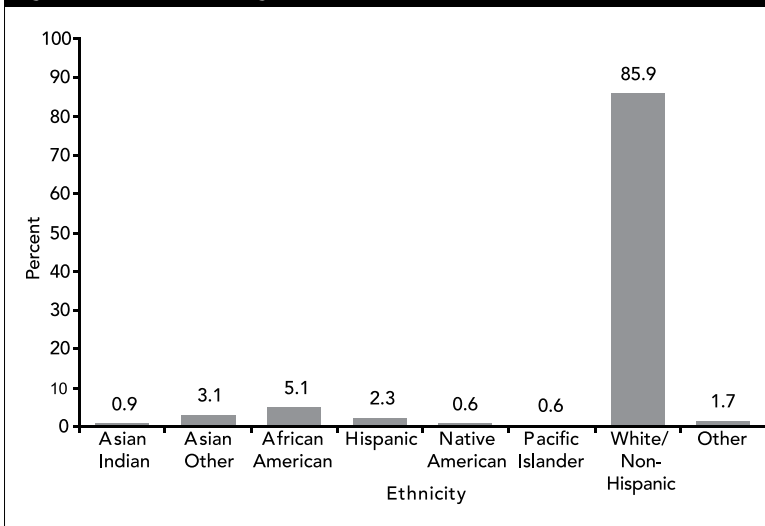
Figure 5. Nursing Education Background
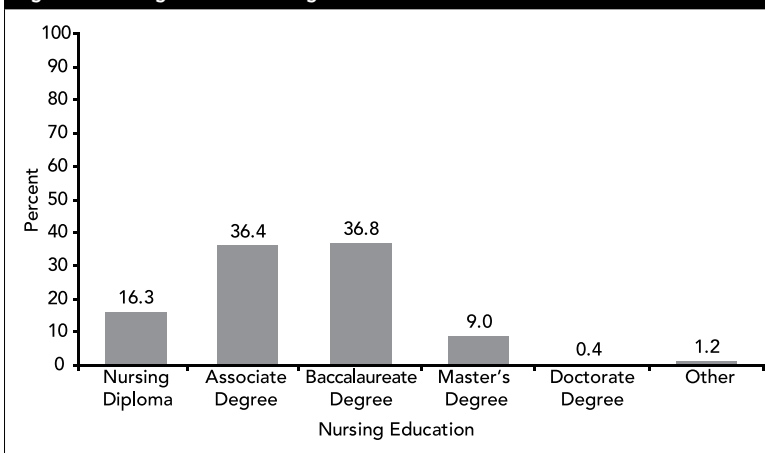
Nursing Education	Percent
Nursing Diploma	16.3
Associate Degree	36.4
Baccalaureate Degree	36.8
Master's Degree	9.0
Doctorate Degree	0.4
Other	1.2

Formal Education Background

Overall, the highest percentage of RNs indicated baccalaureate degree (39.0%) as their highest level of formal education. Completion of an associate degree accounted for 33.7% of the RN responses and 12.8% indicated a master's degree as their highest level of education. *See Figure 6.*

Certifications Held

Respondents were asked to select from a list the nursing specialty certifications they currently held. RNs were most likely to hold certifications in critical care nursing (7.7%) and medical-surgical nursing (7.9%). About 24% of RNs reported holding types of nursing specialty certificates that were not listed as an option. *See Table 5.*

Continuing Education

RNs reported earning an average of 21 CE contact hours per year. On average, RNs who indicated a public health department as their primary employment facility reported the greatest yearly CE contact hours. Respondents from business/industry and home health care settings reported the lowest average. *See Table 6.*

RNs from Area I reported the most average CE hours earned. *See Table 7.*

As can be seen in Table 8, many RNs earn CE contact hours regardless of whether or not their jurisdiction requires it.

Table 5. Certifications Held

	Frequency	Percent %
Ambulatory Care/Nurse	105	2.6
Cardiac Rehabilitation Nurse	32	0.8
Critical Care Nurse	310	7.7
Emergency Nurse	128	3.2
General Nursing Practice Nurse	114	2.8
Gerontological Nurse	115	2.9
Home Health Nurse	113	2.8
Hospice/Palliative Care Nurse	57	1.4
Medical-Surgical Nurse	316	7.9
Nurse Manager	102	2.5
Nursing Administration	58	1.4
Nursing Administration, Advanced	10	0.2
Nursing Continuing Education/Staff Development	37	0.9
Obstetrical Nurse	155	3.9
Pediatric Nurse	118	2.9
Perinatal Nurse	41	1.0
Psychiatric and Mental Health Nurse	101	2.5
Rehabilitation Nurse	51	1.3
School Nurse/College Health	107	2.7
Other	978	24.4

* Respondents could select more than one certification

Table 6. Average Facility Continuing Education Hours

Primary Facility	Average CE Contact Hours Per Year
Business/Industry	18.1
College/University	23.1
Community-Based/Ambulatory Care	20.5
Home Health	15.6
Hospital	22.0
Long-Term Care Facility	18.4
Public Health Department	23.5
Other	21.8

Table 7. Average Geographic Area Continuing Education

	N	Mean	Median	Mode
Area I	592	24.5	20	30
Area II	1,166	20.2	18	30
Area III	1,214	21.4	20	20
Area IV	953	19.9	16	20

Figure 6. Formal Education Background
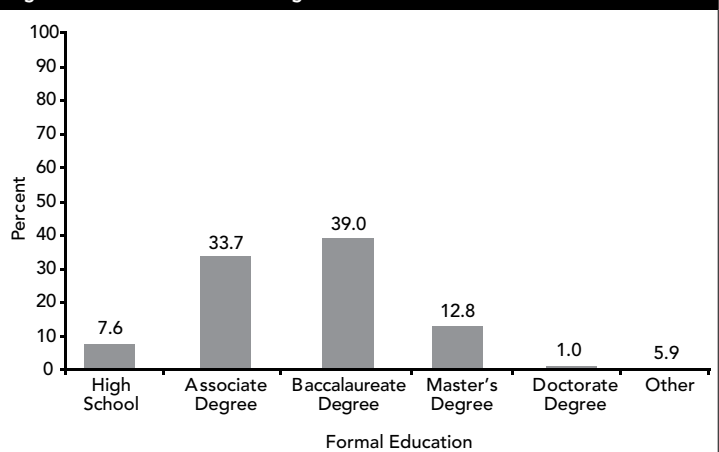
Table 8. Continuing Education by Jurisdiction					
State	N	Min	Max	Mean	RN Average CE Required
AK	16	15	80	32.81	30 hrs Biennial
AL	63	10	54	21.48	24 hrs Biennial
AR	35	5	40	19.03	15 hrs Biennial
AZ	48	0	80	20.71	0
CA	231	4	99	28.69	30 hrs Biennial
CO	71	0	99	22.56	20 hrs Biennial
CT	61	0	96	19.13	0
DC	13	10	35	20.31	12 hrs Biennial
DE	16	0	75	24.06	30 hrs Biennial
FL	195	6	99	24.56	1 for each month of license cycle
GA	92	0	60	17.42	0
HI	0	0	0	0	0
IA	57	2	50	17.98	36 hrs Triennial
ID	19	2	63	19.37	0
IL	158	0	80	17.03	0
IN	84	0	58	16.04	0
KS	55	0	60	20.58	30 hrs Biennial
KY	59	6	50	23.05	14 hrs Biennial
LA	45	5	40	14.60	15 hrs Biennial
MA	115	3	99	20.24	15 hrs Biennial
MD	46	0	99	20.67	10 hrs Biennial
ME	21	0	64	23.43	0
MI	180	1	86	23.19	25 hrs Biennial
MN	85	3	70	24.09	1 for each month of registration
MO	83	0	75	15.98	0
MS	35	0	35	12.54	0
MT	15	0	40	17.33	0
NC	144	0	80	22.43	0
ND	10	5	22	14.90	12 hrs Biennial
NE	38	4	45	18.26	20 hrs Biennial
NH	29	15	75	27.48	30 hrs Biennial
NJ	95	0	90	19.21	0
NM	23	10	50	28.61	30 hrs Biennial
NV	20	10	50	29.30	30 hrs Biennial
NY	267	0	99	20.80	Infection Control Course/4 yrs
OH	236	0	99	23.25	24 hrs Biennial
OK	41	0	80	16.90	0
OR	50	0	75	18.30	0
PA	224	0	99	16.68	0
RI	30	5	50	17.90	10 hrs Biennial
SC	60	0	50	19.72	30 hrs Biennial
SD	25	0	60	19.24	0
TN	91	0	99	22.16	0

Table 8. Continuing Education by Jurisdiction					
State	N	Min	Max	Mean	RN Average CE Required
TX	239	0	99	22.62	20 hrs Biennial
UT	18	0	60	19.39	30 hrs Biennial
VA	103	0	95	20.42	Requirement - Unspecified
VT	18	5	60	21.39	0
WA	69	0	75	19.12	0
WI	118	0	80	15.09	0
WV	33	12	99	31.82	30 hrs Biennial
WY	7	2	40	20.57	20 hrs Biennial
GUAM	2	18	30	24.00	0
AMERICAN SAMOA	0	0	0	0	0
NORTHERN MARIANA ISLANDS	1	70	70	70.00	Requirement - Unspecified
PUERTO RICO	0	0	0	0	Requirement - Unspecified
VIRGIN ISLANDS	0	0	0	0	0

(CE Requirement from Table 8 was obtained from NCSBN Learning Extension Web site and 2002 Summary of Member Board Profiles)

Work Environment

Hours Worked

On average, respondents reported working 36.3 hours per week as an RN. There was little variance across facilities and specialty practice.

Primary Facility

The majority of RN respondents (59.1%) reported working in hospitals. 12.9% of RNs reported working in community-based/ambulatory care, 6.3% worked in long-term care and 6.0% reported working in home health care. *See Figure 7.*

Primary Specialty

Of the specified areas, RN respondents most frequently indicated medical-surgical (10.5%), critical care (10.4%) and operating room (7.2%) as their primary specialty area. About 22.0% of RNs reported working in specialty areas which were not listed as options. *See Table 9.*

Table 9. Primary Specialty Area		
Area	**N**	**Percent %**
Ambulatory Care/Nurse	233	6.1
Case Management	177	4.6
Critical Care	398	10.4
Education	123	3.2
Emergency Department	169	4.4
Geriatrics	144	3.8
Hospice Care/Palliative Care	75	2.0
Maternal Newborn	216	5.6
Medical-Surgical	403	10.5
Nursing Home, Skilled or Intermediate Care	103	2.7
Occupational Health	37	1.0
Operating Room	277	7.2
Pediatrics	106	2.8
Pediatric/Neonatal Intensive Care	80	2.1
Psychiatry/Mental Health	135	3.5
Regulation	16	0.4
Rehabilitation	71	1.9
Research	29	0.8
Residential Care, Developmental Disability Care	29	0.8
School/College Health	140	3.7
Telehealth	23	0.6
Transitional Care Unit	4	0.1
Other	842	22.0

Figure 7. Primary Facility/Organization
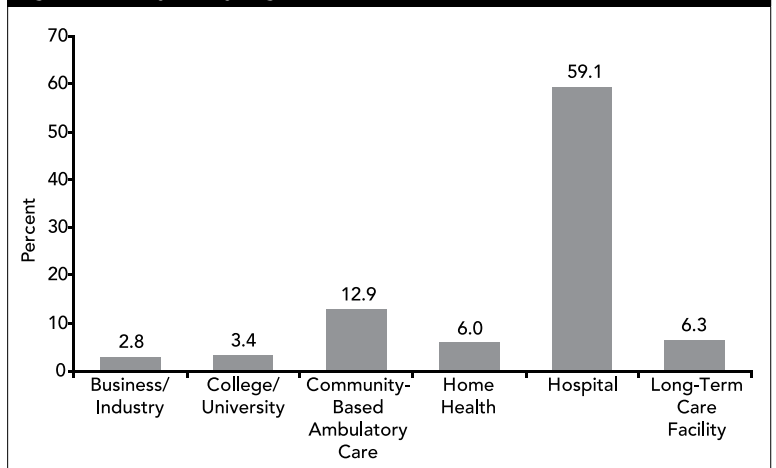
Business/Industry 2.8; College/University 3.4; Community-Based Ambulatory Care 12.9; Home Health 6.0; Hospital 59.1; Long-Term Care Facility 6.3

Primary Role

The majority of RN respondents (64.9%) reported staff nurse as their primary role. Results indicated that 11.4% of RNs reported working as managers and 3.2% worked as administrators. The remaining respondents indicated roles which were not listed as options (16.5%). *See Figure 8.*

Demographic Summary

The typical RN respondent was a White (Not of Hispanic Origin) female in her late 40s. She had a baccalaureate or associate degree in nursing with 20 years of experience. She worked about 36 hours per week in a hospital. She held specialized certification and earned about 21 CE contact hours per year.

Figure 8. Primary Role
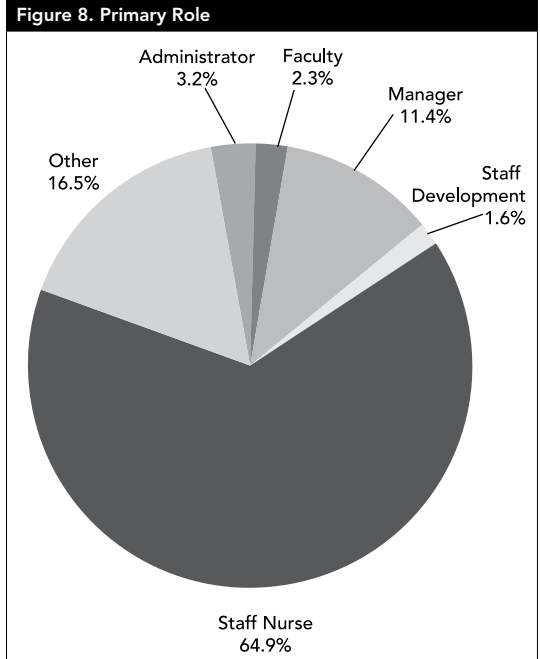
ACTIVITY PERFORMANCE FINDINGS

This section contains the rating responses of the 3,976 respondent post entry-level RNs with more than one year of experience. The methods used to collect and analyze activity findings related to frequency and importance of RN activity performance will be discussed. A validation of the survey findings by the subject matter expert panels will also be provided.

Overview of Methods

The 2006 RN Continued Competence questionnaire asked RN respondents to provide frequency, importance and core ratings for each of the 129 activity statements on the surveys.

Validation of Findings

The SME panel rated the 129 activity statements for frequency and importance. The results of their ratings were averaged. The activities that received the five lowest and five highest frequency and importance ratings by the SMEs and the mean frequency and importance ratings by the respondents can be seen in Table 10. The activities that were estimated to have high frequency and importance by the SMEs were activities that the respondents rated as high frequency and importance. Similarly, those activities estimated to have low frequency and importance by the SMEs were rated as low frequency and importance by the respondents. This congruence between expert ratings and respondent ratings helps to provide validation for the activity statements and respondent ratings.

Representativeness of Activity Statements

The participants were asked whether the activities on their questionnaire form represented what they actually did in their positions. A majority (74.9%) indicated that the activities were representative of their current practice. This indicates that the survey was perceived by respondents as being a sufficient or reasonable representation of their work. This finding is important for establishing the content validity of the survey. In addition, the respondents were asked to list any activity statements that were "missing." These comments were reviewed by NCSBN

nursing content staff and no additional activities were noted to be "missing." Rather, the written comments reflected the absence of activities that had been included on the other form of the survey. In addition, the information was presented to the Continued Competence Task Force for review and validation. These tasks further helps to establish the content validity of the survey.

Core RN Practice

Respondents were asked to indicate "Y-Yes" or "N-No" as to whether an activity was part of core RN practice. Core practice was defined as "the essential knowledge, skills, and abilities needed to practice safely regardless of practice setting." The activity statement ratings of core practice ranged from 0.42 (42% of the respondents thought the activity was part of core practice) to 0.99 (99% of the respondents thought the activity was part of core practice). "Manage the care of a pre-, peri- and postnatal client" and "Evaluate occupational/environmental exposures" received the lowest ratings of 0.42, and "Use critical thinking skills to make decisions," and "Maintain confidentiality/privacy" received the highest ratings of 0.99.

Applicability of Activities to Practice Setting

Respondents indicated an activity was not applicable to or not performed in his or her work setting by marking the "NA Not Applicable" response. The activities ranged from 1.10% not applicable/not performed (more than 1% of the respondents reported that the activity was not performed within their work settings) to 72.59% (nearly three-fourths of the respondents reported the activity was not performed within their work setting).

Of the 129 activities included in the study, the nursing activities reported to apply to the settings of the lowest number of participants were: "Manage the care of a pre-, peri- and postnatal client" (72.59% not performed); "Evaluate occupational/environmental exposures" (63.64% not performed); and "Identify and manage environment for symptom clusters across clients" (59.10% not performed). The activities with the highest number of participants

reporting the performance or the activity applied to their work setting were "Maintain client confidentiality/privacy" (1.10% not performed), "Use critical thinking skills to make decisions" (1.40% not performed), and "Collaborate with other disciplines/professions" (1.60% not performed).

Frequency of Activity Performance

Respondents were asked to rate the frequency of performance of all activities that were applicable to their work settings. They reported how frequently they performed the activity on a typical day of work using a five-point scale: "0 Performed less than one time a day" to "4 times or more a day."

Average total group frequencies ranged from 0.52 or less than 1 time per day to 3.78 or approximately 4 or more times per day. The activities performed with the lowest total group frequency were: "Report unsafe practice of health care personnel to internal/external entities" (0.52); "Report error/event/occurrence per protocol" (0.65); and "Participate in the development/revision of policies and procedures" (0.68). Those activities performed with the overall highest frequencies were "Apply principles of infection control" (3.78) and "Maintain client confidentiality/privacy" (3.65).

Table 10. Response Validation		
Activity #	**SME Low Frequency Activities**	**Respondent Mean Frequency**
2.71	Report unsafe practice of health care personnel to internal/external entities (e.g., emotional or physical impairment, substance abuse, improper care)	0.52
2.35	Report error/event/occurrence per protocol (e.g., medication error, client fall)	0.65
2.29	Participate in the development/revision of policies and procedures	0.68
c.13	Participate in community health outreach activities	0.74
1.45	Identify and manage environment for symptom clusters across clients (e.g., food poisoning, anthrax)	1.05
Activity #	**SME High Frequency Activities**	**Respondent Mean Frequency**
2.63	Use technology to manage, access and process information	3.08
1.34	Evaluate and document the client's response to interventions, changes in the client's condition and modify the plan of care as appropriate	3.31
2.33	Provide care consistent with state nurse practice act, regulatory and accreditation requirements	3.53
1.25	Document nursing care consistent with guidelines (e.g., regulatory, agency)	3.54
2.32	Maintain confidentiality/privacy	3.65
Activity #	**SME Low Importance Activities**	**Respondent Mean Importance**
c.13	Participate in community health outreach activities	2.81
2.57	Incorporate alternative/complementary therapy into client's plan of care (e.g., massage, relaxation, music)	2.82
1.48	Network with providers for similar populations and communities, to promote quality care	2.91
1.47	Perform targeted screening for specific client populations	3.00
1.46	Identify client health risks based on assessment of population or community characteristics	3.10
Activity #	**SME High Importance Activities**	**Respondent Mean Importance**
1.35	Respect and accommodate clients' differences, beliefs, preferences, and expressed needs (e.g., provide culturally competent care)	3.59
1.65	Review pertinent data prior to medication administration (e.g., vital signs, lab results, allergies, potential interactions, routes/injection sites)	3.76
2.65	Prepare and administer medications (5 rights of medication administration)	3.78
c.9	Use critical thinking skills to make decisions	3.80
2.32	Maintain confidentiality/privacy	3.87

Importance of Activity Performance

Respondents were asked to rate the importance of performing each nursing activity for RN practice considering client safety. Importance ratings were recorded using a four-point scale: "1" (Not Important) to "4" (Extremely Important).

Average total group importance ratings ranged from 2.80 to 3.87. The activities with the lowest importance ratings were "Evaluate the outcomes of health promotion activities" (2.80) and "Participate in community health outreach activities" (2.81). The activities with the highest importance ratings were "Apply principles of infection control" (3.87) and "Maintain confidentiality/privacy" (3.87).

Activity Performance Characteristics

Summary data were calculated for all activities, including frequency of performance and mean importance data. Four separate analyses were conducted to provide information to determine if an activity statement should be considered part of the core RN practice:

1. Core Practice Rating
2. Percent Not Performing
3. Mean Importance Rating
4. Mean Frequency Rating

The summary statistics can be found in Table 11. As can be seen by Table 11, 103 out of the 129 of the activity statements were considered part of core practice by at least 75% of the respondents.

Appendix F presents the placement of activity statements on the survey forms. For reference and analysis, the "Activity ID" identifies the activity statement as "C" (common to both forms), "1" (presented only on form 1) or "2" (presented only on form 2) is seen in Appendix F. Appendix H lists the activity statements in order of the percent of respondents who indicated the performance of the activity applied to their setting. Of the 129 activity statements, 123 were performed at least one time or more on a typical day. *See Appendix J for activity statements ranked by frequency.* Regarding importance, 123 of the 129 activity statements were rated as "3" (Important) by the participants as seen in Appendix K.

Subgroup Analyses

To ensure practice was consistent across practice settings, specialty areas, years of experience and geographic setting, separate analyses were conducted to determine if RN practice (activity statements) were viewed similarly. Importance ratings for all activity statements were calculated based on these 36 demographic subgroups. These subgroups were derived from responses to four demographic questions. Average importance ratings were calculated according to facility, specialty area, years of experience and geographic region. *See Appendix L through O for these analyses.*

The subgroups and their categories are provided in the following pages. In almost all of the analyses, a majority of the subgroups indicated that the mean importance rating was at least 3.0, which corresponds to "Important" on the rating scale.

Facility Subgroup Analysis

Importance ratings for all activity statements were calculated (Appendix L) for the six facility type response options listed for Section 2, Question 3 of the RN survey instrument. The resulting data supports the claim that RN practice was similar regardless of the facility type in which RNs worked. The facilities that comprised the six subgroups can be found in Table 12. Other (OTH) responses varied; however, the group averages were consistent with the five specified facilities.

Specialty Practice Subgroup Analysis

Importance ratings for all activity statements were calculated for 18 of the 20 specialty areas of practice response options listed for Section 2, Question 2 of the RN survey instrument. Due to the low percentage of representation, the response options "Regulation" and "Transitional Care Unit" were included in the Other (OTH) subgroup. Likewise, combined categories were made of similar specialty groups with low representation as seen in groups 1, 3 and 5. The data resulting from the subgroup analysis provided support for the claim that RN practice was similar regardless of specialty practice. The 23 original responses that comprised the 13 subgroups can be found in Table 13. The analyses for the specialty groups can be found in Appendix M.

Table 11. Activity Statements Sorted by Core Practice Order

ID	Activity Statement	Core Rating	Mean Importance	% NA	Mean Frequency
c.18	Manage the care of a pre-, peri- and postnatal client	0.42	3.07	72.59	1.90
2.70	Evaluate occupational/environmental exposures	0.42	2.94	63.64	1.05
1.49	Evaluate the outcomes of health promotion activities	0.46	2.80	58.89	1.46
c.13	Participate in community health outreach activities	0.48	2.81	53.88	0.74
1.45	Identify and manage environment for symptom clusters across clients	0.53	3.12	59.10	1.05
1.48	Network with providers for similar populations and communities, to promote quality care	0.55	2.91	47.63	1.22
1.47	Perform targeted screening for specific client populations	0.55	3.00	50.97	1.87
2.57	Incorporate alternative/complementary therapy into client's plan of care	0.58	2.82	42.53	1.62
1.68	Manage client receiving moderate/conscious sedation	0.59	3.43	51.39	1.82
2.61	Maintain desired temperature of client using external devices	0.62	3.20	46.84	1.87
1.67	Manage blood product administration	0.64	3.48	46.84	1.32
1.46	Identify client health risks based on assessment of population or community characteristics	0.67	3.10	39.41	1.71
c.12	Monitor and document adherence to health maintenance recommendations	0.68	3.19	37.14	2.12
c.70	Use standardized language in client care	0.69	2.92	31.18	2.57
2.29	Participate in the development/revision of policies and procedures	0.70	3.11	28.15	0.68
1.70	Insert intravenous access devices	0.72	3.43	34.59	2.17
2.58	Manage client with an alteration in nutritional status	0.73	3.33	33.14	2.38
2.55	Manage client with an alteration in elimination	0.73	3.28	33.80	2.12
2.59	Assess and intervene in client's performance of activities of daily living and instrumental activities of daily living	0.73	3.27	34.06	2.50
1.61	Monitor and maintain devices and equipment used for drainage	0.73	3.43	35.54	2.48
2.27	Manage conflict among clients/staff	0.74	3.19	22.84	1.22
2.68	Administer intravenous medications	0.74	3.54	33.31	2.83
2.64	Manage a client with an endocrine disorder	0.74	3.33	31.86	1.86
2.60	Manage the client with impaired ventilation/oxygenation	0.74	3.56	31.78	2.51
c.20	Monitor and maintain infusion access devices, infusion site and rate	0.74	3.59	33.08	2.95
c.14	Manage client's mental health needs	0.74	3.28	28.36	2.03
2.38	Implement principles of case management to address client needs	0.76	3.23	25.91	2.40
2.62	Manage wound care	0.76	3.45	29.03	2.08
1.58	Manage clients with alteration in hemodynamics, tissue perfusion and hemostasis	0.77	3.53	29.39	2.82
1.62	Identify causes of and manage inflammatory response	0.77	3.35	28.31	2.06
2.50	Assist client to develop achievable goals and plans to promote a healthy lifestyle	0.77	3.21	24.60	2.20
2.47	Participate in shared decision-making	0.78	3.20	22.89	2.26
1.59	Perform skin assessment and implement measures to prevent skin breakdown	0.78	3.56	28.94	2.97
2.36	Assess/triage client to prioritize the order of care delivery	0.79	3.46	26.89	2.97
1.66	Adjust/titrate dosage of medication based on assessment of specified physiologic parameters	0.79	3.65	28.68	2.70

Table 11. Activity Statements Sorted by Core Practice Order

ID	Activity Statement	Core Rating	Mean Importance	% NA	Mean Frequency
c.10	Comply with federal/state/institutional policy regarding the use of client restraints and/or safety devices	0.79	3.47	31.87	1.76
2.67	Comply with regulations governing controlled substances	0.79	3.63	27.59	2.76
1.64	Manage client with alterations in neurologic function	0.79	3.43	26.81	2.01
2.46	Provide therapeutic milieu for clients	0.79	3.23	24.40	2.65
2.74	Educate staff/students	0.80	3.39	18.95	1.36
2.69	Evaluate the results of diagnostic testing and intervene as needed	0.80	3.51	23.63	2.58
2.76	Assist client to identify reliable health information resources	0.81	3.25	20.12	1.72
1.60	Perform point of care testing	0.81	3.47	23.12	2.42
1.63	Manage specimen collection	0.81	3.37	23.97	2.43
c.17	Perform emergency care procedures as appropriate	0.81	3.68	25.45	0.72
2.26	Supervise care provided by others as defined by the state nurse practice act	0.82	3.41	20.11	3.08
2.71	Report unsafe practice of health care personnel to internal/external entities	0.82	3.50	24.41	0.52
1.52	Assess family dynamics	0.82	3.29	19.56	2.25
1.54	Incorporate behavioral management techniques when caring for a client	0.83	3.25	19.94	2.31
c.22	Perform a risk assessment and implement interventions	0.83	3.49	22.14	2.59
2.56	Perform procedures using sterile versus clean technique	0.83	3.59	22.28	2.34
1.56	Manage client's hydration status	0.83	3.57	22.23	3.15
2.49	Evaluate and promote healthy behaviors	0.84	3.23	17.50	2.37
2.66	Accurately calculate dosages for medication administration	0.84	3.77	21.32	2.81
c.11	Provide information regarding healthy behaviors	0.84	3.35	18.06	2.28
2.30	Verify client is aware of rights and responsibilities	0.84	3.40	17.56	1.91
2.48	Provide anticipatory guidance based on client's individual risk assessment	0.85	3.31	18.45	2.32
c.50	Incorporate evidenced-based practice/research results when providing care	0.85	3.26	16.59	2.43
1.76	Assess client understanding of and ability to manage self care	0.85	3.45	20.56	2.34
1.57	Manage client with impaired mobility	0.85	3.46	18.89	2.61
c.15	Use therapeutic communication techniques to develop coping and problem-solving skills	0.85	3.28	16.77	2.40
1.39	Perform activities related to client admission, transfer or discharge	0.85	3.42	18.08	2.69
2.24	Make referrals and coordinate continuity of care between/among health care providers/agencies	0.86	3.35	14.16	2.17
1.42	Use ergonomic principles	0.86	3.46	17.49	2.78
2.75	Plan and provide comprehensive teaching to address the needs and concerns of clients	0.86	3.41	15.47	2.36
1.53	Assess and plan interventions that meet the client's cultural, emotional and spiritual needs	0.86	3.29	17.66	2.24
2.65	Prepare and administer medications	0.86	3.78	19.10	3.29
1.75	Evaluate and document client learning	0.86	3.39	16.96	2.49
1.41	Incorporate cost-consciousness and resource management in providing care	0.86	3.22	11.52	2.59

Table 11. Activity Statements Sorted by Core Practice Order

ID	Activity Statement	Core Rating	Mean Importance	% NA	Mean Frequency
1.55	Perform comprehensive health assessment	0.87	3.54	17.56	2.71
2.37	Validate data from pertinent sources to evaluate client response to interventions (i.e., family, significant others)	0.87	3.37	14.64	2.60
2.51	Recognize impact of illness/disease on individual/family lifestyle, environment, physical relationships, and multiple role responsibilities	0.87	3.33	15.81	2.36
1.33	Assign or delegate aspects of care as defined by the state nurse practice act	0.87	3.40	17.00	2.89
2.52	Provide support to clients coping with life changes	0.87	3.43	15.73	1.97
2.73	Implement safety precautions/protocols for identified risks	0.87	3.57	16.83	1.98
1.71	Verify appropriateness and/or accuracy of a treatment order	0.87	3.60	17.26	2.69
c.30	Participate in performance/quality improvement	0.88	3.26	11.01	1.62
c.23	Assess client's readiness to learn, learning preferences and barriers to learning	0.88	3.41	14.42	2.38
1.50	Identify non-verbal cues to physical and/or psychological stressors,	0.88	3.29	13.84	2.38
1.43	Handle biohazardous materials according to regulatory guidelines	0.88	3.65	14.80	2.65
1.65	Review pertinent data prior to medication administration	0.88	3.76	16.44	3.25
1.40	Identify limitations within the health care delivery setting and respond	0.89	3.29	11.64	2.08
1.72	Identify and intervene in potentially life threatening situations	0.89	3.75	15.04	1.43
1.73	Verify proper identification according to guidelines	0.89	3.72	15.20	3.06
2.63	Use technology to manage, access and process information	0.90	3.39	8.93	3.08
c.19	Evaluate appropriateness/accuracy of medication order	0.90	3.76	13.62	3.15
2.54	Perform focused health assessment/reassessment	0.90	3.62	12.06	3.19
2.45	Protect client from injury	0.90	3.69	13.01	2.90
2.28	Recognize ethical dilemmas and take appropriate action	0.91	3.37	10.81	0.85
c.21	Evaluate therapeutic and potential adverse effect of medications	0.91	3.71	13.79	2.92
c.16	Assess pain/comfort level and intervene as appropriate	0.91	3.68	12.96	3.27
1.51	Address client's communication needs based on visual, auditory, or cognitive limitations/distortions	0.91	3.45	11.02	2.43
2.53	Establish a therapeutic relationship with client	0.91	3.54	10.85	3.11
1.74	Identify language and communication barriers and intervene	0.91	3.49	11.38	1.77
1.69	Respond appropriately to client experiencing side effects and reactions of medication	0.91	3.74	13.75	1.67
2.72	Communicate appropriate information succinctly in emergent situations	0.92	3.68	12.58	1.13
2.42	Provide appropriate and safe use of equipment in performing care	0.92	3.70	10.35	3.25
2.44	Comply with emergency/security plans	0.93	3.61	9.48	1.19
2.41	Identify client's allergies and intervene as needed	0.93	3.74	10.43	2.88
1.36	Recognize patterns in client assessments and intervene appropriately	0.93	3.56	9.48	3.01
2.35	Report error/event/occurrence per protocol	0.93	3.61	10.41	0.65
1.31	Comply with state and/or federal regulations for reportable conditions	0.94	3.57	12.00	1.10
c.60	Provide individualized/client-centered care	0.94	3.68	8.60	3.44
1.30	Use self-evaluation, peer evaluation, and feedback to modify and improve practice	0.94	3.32	6.42	2.00

ID	Activity Statement	Core Rating	Mean Importance	% NA	Mean Frequency
	Table 11. Activity Statements Sorted by Core Practice Order				
1.34	Evaluate and document the client's response to interventions, changes in the client's condition and modify the plan of care as appropriate	0.94	3.70	9.93	3.31
2.25	Verify client understands and consents to care/procedures	0.94	3.70	8.22	2.97
1.44	Accommodate individuals with disability or limitations	0.94	3.57	9.21	2.11
2.39	Communicate client's status to appropriate health care provider	0.95	3.66	7.66	2.92
2.40	Anticipate the need for additional resources to implement interventions	0.95	3.49	5.45	2.53
1.26	Serve as a resource person or mentor to other staff	0.95	3.45	2.63	2.90
1.27	Encourage feedback from clients/staff and take action as appropriate	0.95	3.43	3.50	2.75
c.80	Provide care appropriate to client's age, physical, developmental, cognitive, cultural and psychosocial needs	0.95	3.67	7.50	3.39
c.40	Act as a client advocate	0.96	3.68	4.69	2.83
2.31	Participate in educational activities to maintain/improve professional knowledge and skills	0.96	3.52	4.30	1.00
1.35	Respect and accommodate clients' differences, beliefs, preferences, and expressed needs	0.96	3.59	6.05	2.98
2.34	Use standard nomenclature when documenting care	0.96	3.55	5.02	3.63
1.29	Use the nursing process as the basis of practice	0.96	3.48	4.97	3.33
1.25	Document nursing care consistent with guidelines	0.96	3.72	5.39	3.54
2.43	Apply principles of infection control	0.96	3.87	4.80	3.78
1.37	Value clients' differences, beliefs, preferences, and expressed needs	0.97	3.62	4.87	3.27
2.33	Provide care consistent with state nurse practice act, regulatory and accreditation requirements	0.97	3.74	5.18	3.53
1.28	Respect and support co-workers	0.97	3.74	2.36	3.56
1.32	Function effectively as a team member	0.98	3.75	2.36	3.63
1.38	Demonstrate appropriate organizational skills	0.98	3.66	1.60	3.62
1.24	Recognize limitations of self/others and seek appropriate assistance	0.98	3.51	2.78	2.08
c.20	Use available information, technology, and resources to make informed decisions	0.98	3.60	1.72	3.17
c.10	Collaborate with other disciplines/professions	0.99	3.60	1.60	3.18
2.32	Maintain confidentiality/privacy	0.99	3.87	1.10	3.65
c.90	Use critical thinking skills to make decisions	0.99	3.80	1.40	3.59

Years of Experience Subgroup Analysis

Respondent importance ratings were divided into seven subgroups based on responses to Section 1, Question 1, which queried respondents' years of RN experience shown in Table 14. Group averages were calculated for all activity statements as shown in Appendix N. The resulting data provided support for the claim that RN practice was similar regardless of years of RN experience.

Geographic Region Subgroup Analysis

Importance ratings for all activity statements were calculated for the four geographic areas of the NCSBN member board jurisdictions that can be found in Appendix O. The resulting data provided support for the claim that RN practice was similar regardless of geographic region. The states and territories that comprised the four subgroups can be found in Table 3.

The data was analyzed according to subgroups. The results provided additional support to the overall study by suggesting that practice is similar across various demographic categories.

SUMMARY

The study collected data to determine whether an activity statement was considered part of core RN practice as well as the frequency and importance of performing 129 RN activities. The Continued Competence Task Force reviewed the results of the study and noted that, in general, importance ratings provided by the RN respondents were comparable across specified subgroups such as facilities, specialty practices, years of experience and geographic regions.

CONCLUSION

A nonexperimental, descriptive study was conducted to explore the importance and frequency of activities performed by post entry-level RNs as well as those activities that are part of core RN practice. More than 4,700 RNs responded. In general, findings indicate that RN work is similar regardless of facility, specialty, years experience and geographic region. Results of this study can be used to develop core RN competencies.

Table 12. Facility Subgroups	
B/I	Business/ Industry
C/U	College/ University
CB/AC	Community-Based/ Ambulatory Care
HH	Home Health
HOS	Hospital
LTCF	Long-Term Care Facility
PHD	Public Health Department
OTH	Other

Table 13. Specialty Practice Subgroups	
1	Ambulatory Care, Occupational Health, School/ College Health, Telehealth
2	Case Management
3	Critical Care, Emergency Department, Operating Room
4	Education
5	Geriatrics, Nursing Home, Skilled or Intermediate Care, Rehabilitation, Residential Care, Developmental Disability Care
6	Hospice Care/Palliative Care
7	Maternal Newborn
8	Medical-Surgical
9	Pediatrics
10	Pediatric/ Neonatal Intensive Care
11	Psychiatry/ Mental Health
12	Research
13	Regulation, Transitional Care Unit, Other

Table 14. Years of Experience Subgroups	
1	1-5 Years
2	6-10 Years
3	11-15 Years
4	16-20 Years
5	21-25 Years
6	26-30 Years
7	Over 30 Years

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APPENDIX A: 2006 RN POST ENTRY-LEVEL PRACTICE ANALYSIS EXTERNAL PANEL OF JOB ANALYSIS METHODOLOGY EXPERTS

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

The experts were:

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

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

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

Chad W. Buckendahl, PhD, is the director of the Buros Institute for Assessment Consultation and Outreach. He has conducted practice analyses as the basis for several certification and licensing examinations and is well published on this topic. His research interests also include standard setting and computerized adaptive testing.

Liz Koch, MA, MPH, is the director of testing and measurement at the Dental Assisting National Board. In this capacity, she manages the process of developing and maintaining a national certification examination for dental assisting. In addition, her research interests include evaluation of different survey methodologies associated with practice analyses.

APPENDIX B: 2006 CONTINUED COMPETENCE SUBJECT MATTER EXPERTS (SMEs)

Area I

Member:	Monika Fischer, MN, RN, ANP, CCM, COHN-S
	Health Services Administrator
	City of Glendale
Board:	California RN Board of Nursing
Specialty:	Occupational Health
Organization:	American Association of Occupational Health Nurses (AAOHN)

Fischer has 29 years in nursing and is currently the health services administrator for the City of Glendale Employee Health Services. She is the president of Integrated Occupational Health Consulting. She also serves as the president of the California Association of Occupational Health Nurses and a member of the UCLA School of Nursing Advisory Board. Additionally, Fischer is an assistant clinical professor at UCLA School of Nursing and an editor of California State Association of Occupational Health Nurses (CSAOHN) *Practice Guidelines for Occupational Health Nurses.*

Member:	Patricia J. Johnson, RN, MS, NNP
	Neonatal Nurse Practitioner
	Maricopa Integrated Health System
Board:	Arizona Board of Nursing
Specialty:	Neonatal Nursing
Organization:	Academy of Neonatal Nursing (ANN)

Johnson has 35 years of nursing experience. She is a neonatal nurse practitioner responsible for the clinical management of newborns in all levels of care. She worked on resident teaching and mentoring and had privileges at PCH Thomas and PCH McDowell. Johnson piloted an NNP role, taught Arizona's NNP program and established NNP teams in multiple facilities. She is a nationally recognized educator, consultant, speaker and expert in neonatal care.

Member:	Rebekah S. Lynch, PhD, RN
	Nursing Education Consultant
	Colorado Board of Nursing
Board:	Colorado Board of Nursing
Specialty:	Family Nurse Practitioner & Midwifery
Organization:	NCSBN and Colorado Board of Nursing

Lynch has 36 years in nursing and is currently the education consultant to the Colorado Board of Nursing. She is responsible for issues related to the regulation of nursing education programs in Colorado. She serves as a consultant to students, faculty and administration regarding new and existing programs and provides supervision for nursing education consultants assigned to nurse aide programs. Prior to joining the Colorado Board of Nursing, Lynch was the nursing program director at Front Range Community College. She had administrative responsibilities for the associate degree program with 10 full-time and 22 adjunct faculty as well as 200 first and second year students. She also worked on personnel and budget management, program planning, new program development and statewide responsibilities. Lynch was also an associate professor at Larimer Campus.

Member:	Mary Ellen Morphet-Brown MSN, ARNP
	Acting PHN Supervisor, FNP
	Yakima Indian Health Center
Board:	Washington Board of Nursing
Specialty:	Indian Health Service
Organization:	U.S. Public Health Service - Indian Health Service

Morphet-Brown has 33 years of nursing experience including six years with the Indian Health Service. She is the acting supervisor for public health nursing and a family nurse practitioner. She is responsible for the development of public health nursing programs. Her duties include: provision of clinical and preventive patient/family services as a credentialed member of the YIHC medical staff; provision of case management to individuals and communities relevant to communicable disease control, children with special health needs, high-risk pregnancies and contraceptive management; additionally Morphet-Brown provides issue-focused community assessments and educational experiences for nursing students.

Member:	Kathleen D. Sanford, BSN, DBA, RN, FACHE
	Clinical Director
	Gig Harbor Peninsular Market Multicare Health System
Board:	Washington Board of Nursing
Specialty:	Nurse Executive
Organization:	American Organization of Nurse Executives (AONE)

With 31 years of nursing experience, Sanford is currently on contract with Multicare Health System in Tacoma, Washington. She is serving as a clinical project leader, building a $50 million health care facility that includes adult surgicenters, urgent care, children's urgent care, outpatient oncology, imaging, women's outpatient center, medical spa, medical boutiques, multi-specialty clinic, family practice and lab. In addition to building responsibilities she is charged with leading quality and customer service initiatives. Sanford is also the president-elect of the Association of Nurse Executives (AONE).

Member:	Jane Wilson, MAOM, RNC
	Nurse Manager
	Family Maternity Center
Board:	Oregon Board of Nursing
Specialty:	Nurse Manager Family Maternity
Organization:	Association of Women's Health Obstetric and Neonatal Nurses (AWHONN)

With 21 years of nursing experience, Wilson is the operational and perinatal clinical manager of a 28-bed labor, delivery, recovery and postpartum (LDRP) unit. She has a staff of more than 80 full-time employees including nursing, scrub technologists, health unit coordinators and lactation consultants. Wilson has responsibilities to both local and state interdisciplinary teams including executive, practice and quality committees. Wilson is a mentor to leadership students and is a liaison to community nursing education programs. She is the AWHONN state chair for Oregon.

Area II

Member:	Robert Billman, BSN, RN
	Staff Nurse – Mood Disorders Unit
	Mayo Medical Center
Board:	Minnesota Board of Nursing
Specialty:	Psychiatric Nursing
Organization:	American Psychiatric Nurse Association (APNA)

Billman has 29 years of nursing experience. He is a professional psychiatric mental health nurse with experience caring for psychiatric patients throughout the life span and across the continuum of care. He has 15 years of experience managing diverse work teams providing quality, holistic care to patients and is currently working with mood disorders clients.

Member:	Shirley Fields-McCoy, MSN, RN
	Staff Development Specialist
	Ohio State University Medical Center
Board:	Ohio Board of Nursing
Specialty:	Staff Development
Organization:	American Nurses Association (ANA)

McCoy has 25 years of nursing experience and is currently a staff development specialist in education at Ohio State University Medical Center. She coordinates and teaches nursing orientation for this multi-system hospital academic medical center.

Member:	Cynthia A. Galemore, MSEd, RN
	Coordinator of Health Services
	USD 233, Olathe District Schools
Board:	Kansas Board of Nursing
Specialty:	School Nurse
Organization:	National Association of School Nurses (NASN)

Galemore has 25 years of nursing experience including 14 years in school nursing. Her duties include providing leadership for the District Health Program through directing health services, coordinating K-12 health education curriculum, participating in district crisis management and employee safety initiatives, and guiding nurses towards excellence in nursing practice. She is currently on the Executive Committee of the National Association of School Nurses (NASN) and is also Bylaws Chair. In addition, Galemore is the director for the Kansas affiliate of the National Association of School Nurses.

Member:	Sheila Haas, PhD, RN, FAAN
	Dean & Professor
	Loyola University Chicago - Niehoff School of Nursing
Board:	Illinois Board of Nursing
Specialty:	Education
Organization:	American Association of Colleges of Nursing (AACN)

With 40 years nursing experience, Haas is a professor and dean of the Marcella Niehoff School of Nursing at Loyola University Chicago. Haas holds a master's degree in nursing from Loyola University Chicago and a doctorate from the University of Illinois at Chicago where the focus of her research was productivity, clinical ladder performance appraisal systems and patient acuity systems. Haas developed the nursing administration major and the dual degree MSN/MBA program at Loyola University. She currently teaches in the graduate program in nursing as well as in the MBA program. She does research, publication and consulting in the areas of clinical ladders, work redesign and evaluation, differentiated practice and nursing intensity systems. Haas' research on the role of the nurse professional in ambulatory care has been used to delineate competencies and to develop the American Academy of Ambulatory Care Nursing (AAACN) conceptual framework and core curriculum. She is currently working on defining the dimensions of ambulatory nursing intensity. Haas served on the Research Committees of AAACN and the American Organization of Nurse Executives (AONE). She also served for five years as an AAACN Board member and was elected president. She was instrumental in enhancing understanding of issues with multistate licensure and telephone nursing practice. She is the past president of the National Federation of Specialty Nursing Organizations where she has worked with the Board of the Nursing Organization Liaison Forum of the ANA to design an innovative organization to represent the common goals and needs of specialty nursing.

Member:	Janet A. Kramer, MS, RN
	ASN Program Chair
	Ivy Tech State College
	Statewide Nursing Administrator
Board:	Indiana Board of Nursing
Specialty:	Regulation
Organization:	National League for Nursing (NLN)

With more than 24 years in nursing, Kramer is the statewide nursing administrator responsible for oversight of data accumulation and curriculum development for the PN and ASN programs in Indiana. She is the chair of the Nursing Steering Committee. Kramer also serves as liaison for college administration, including the President's Advisory Council, the Central Office Director of Education and Planning, the Regional Academic Officers Committee, the Regional Student Affairs Officers Committee and Human Resources, and the clearinghouse for information related to policy and practice for the nursing programs (NLNAC, ISBN).

Member:	Pamela Papp, MSN, FNP, RN
	Nurse Practitioner
	Midwest Heart Specialists
Board:	Illinois Board of Nursing
Specialty:	Advanced Practice – Nurse Practitioner
Organization:	American Academy of Nurse Practitioners (AANP)

Papp has 33 years in nursing practice including experience as a nurse practitioner and clinical nurse specialist. She has an extensive background in critical care and medical-surgical specialties at both community and university institutions. She has experience in academics, teaching, recruitment and administrative roles and experience in the outpatient management of cardiac and transplant patients.

Member:	Anne M. Richter, RN, BS, CCRN
	Clinical Care Coordinator
	University of Michigan Health Systems
Board:	Michigan Board of Nursing
Specialty:	Critical Care Nursing
Organization:	American Association of Critical Care Nurses (AACN)

Richter has 18 years nursing experience including 16 years as a certified critical care nurse (CCRN). She is currently the clinical care coordinator for the coronary care unit at University of Michigan Health Systems and staffing the night shift. Richter has also worked on data collection for client care interventions in heart failure and clients with acute coronary syndrome.

Member:	Candace N. Taylor, RN, CPAN
	PACU/Pre-Op
	St. Mary's Surgical Center
Board:	Missouri Board of Nursing
Specialty:	Ambulatory Surgery
Organization:	American Society of Perianesthesia Nurses (ASPAN)

Taylor has 19 years of nursing experience as an office nurse and private scrub nurse. She assists with procedures in the office setting and with surgeries at the hospital and performs pre-op and post-op teaching, urologic health teaching and self-care management for patients. Her office duties include: triage, answering patients' questions and assisting in medical conference presentations. She is currently working with an agency and returned to bedside practice in Phase I PACU, caring for patients in their post-anesthesia experience. Taylor is the past president of State Component Missouri Kansas Perianesthesia Nurses Association. She is on several national committees including the Foundation, Government Affairs and Publications committees.

Member:	Lois Werning, BSN, RN, BC
	Staff Nurse
	Avera McKennan Hospital & University Health Center
Board:	South Dakota Board of Nursing
Specialty:	Medical-Surgical Nursing
Organization:	Academy of Medical-Surgical Nurses (AMSN)

Werning has 20 years of experience in nursing practice. She spent her entire career as a staff nurse and a resource (charge) nurse on a 55-bed medical-surgical trauma unit. Werning serves as a resource nurse precepting nursing students and mentoring entry-level RNs. She assists with unit-based student competency in evidence-based nursing interventions including chest tubes, care of patients receiving anti-arrhythmic therapy, data critical remote telemetry monitoring systems, code cart and patient restraints
.

Member:	Eugene Young, BSN, RN
Board:	Illinois Board of Nursing
Specialty:	Ambulatory Care
Organization:	American Academy of Ambulatory Care Nursing (AAACN)

Young has 13 years of nursing experience. He transitioned from LPN to RN in telemetry, intensive care and emergency nursing. He has experience as third-shift charge nurse in a correctional facility and is currently working as patient advisory RN performing telephone triage and emergency room follow-up. He has also worked as an education specialist at a free-standing clinic orienting new employees at branch clinics.

Area III

Member:	Patricia Calico, DNSc, RN
	Branch Chief, Advanced Nursing Education Branch
	Division of Nursing, BHPr, HRSA, DHHS
Board:	Kentucky Board of Nursing
Specialty:	Research
Organization:	Health Resources and Service Administration (HRSA)

Calico has 40 years nursing experience and is currently branch chief of the Advanced Nurse Education Branch, Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Nursing. She was formerly chair of the baccalaureate nursing programs at Midway College and Thomas More College in Kentucky, and assistant professor at the University of Cincinnati, College of Nursing with a joint appointment in long-term care. Calico has significant experience at state and national levels in nursing organizations and expert panels. Her research focus is in family caregiving.

Member:	Jean B. Ivey, DSN, RN, CRNP
	Associate Professor and Coordinator Pediatric APN
	University of Alabama
Board:	Alabama Board of Nursing
Specialty:	Pediatric APN
Organization:	Society of Pediatric Nurses

Ivey has 36 years of nursing experience. She is currently an associate professor of graduate studies and pediatrics at the University of Alabama School of Nursing. She is a pediatric nurse practitioner at the University of Alabama School of Medicine Department of Pediatrics. She works in the Teen-Tot Clinic and has received the University of Alabama at Birmingham-Leadership Education in Adolescent Health Training Grant.

Member:	Mary Elizabeth Myers, RN, BSN, CHPN
	Palliative Care Clinical Coordinator
	Hospice of Bluegrass/Palliative Care Center of Bluegrass
Board:	Kentucky Board of Nursing
Specialty:	Palliative Care
Organization:	Hospice and Palliative Nurses Association (HPNA)

Myers has seven years of nursing experience including five years in hospice and palliative care. She assisted in establishing a foundation of Capital Palliative Care Consultants. Currently, Myers is working at Palliative Care Center of Bluegrass and is the case manager for the outpatient clinic. She also established clinical policy and procedure for client sites and assisted with establishing palliative care via telemedicine to rural Kentucky.

Member:	Benjamin F. Peirce, BA, RN, CWOCN
	National Manager of Wound Care
	Gentiva Health Services
Board:	Florida Board of Nursing
Specialty:	Homecare and Hospice Wound Care
Organization:	National Association for Homecare & Hospice (NAHC)

With 23 years in nursing, Peirce provides clinical support to nurses caring for clients with wounds and ostomies. He is responsible for the development, implementation and refinement of clinical programs and protocols. Previously, Peirce directed certified and licensed home care operations and ensured services were consistent with government regulations. He developed and implemented a wound education program for the home health care division; provided clinical support; and provided ongoing quality assessment, evaluation and improvement of the program. Peirce is a member of the board of directors of the Wound Ostomy Continence Nurses Society.

Member:	Becky Provine, RN, MSN, CS
	Director of Nursing
	Wesley Woods Geriatric Hospital
Board:	Georgia Board of Nursing
Specialty:	Gerontological Nursing
Organization:	National Gerontological Nursing Association (NGNA)

Provine has 34 years of nursing experience and is currently the director of nursing at Wesley Woods Geriatric Hospital, director of nursing at Emory Center for Rehabilitation Medicine at Emory Healthcare-Wesley Woods Center, and director of nursing at Wesley Woods Budd Terrace Nursing Home.

Area IV

Member:	Beth Budny, MS, RN, CNA, CRRN
	QM/MIS Coordinator – Nursing Service
	VA Boston Healthcare System
Board:	Massachusetts Board of Nursing
Specialty:	Rehabilitation Nursing
Organization:	Association of Rehabilitation Nurses (ARN)

Budny has 31 years of nursing experience. Her current duties include development and implementation of educational plans to meet the changing program/service needs. She is a former nurse manager in an acute spinal cord injury unit where she was responsible for orientation and supervision of staff; delivery of patient care that included medication administration, assistance with activities of daily living, muscle massage, joint range of motion, therapeutic touch, treatments and education.

Member:	Sarah E. Harne-Britner, MSN, RN, CCRN
	Cardiovascular Clinical Nurse Specialist
	Pinnacle Health System
Board:	Pennsylvania Board of Nursing
Specialty:	Clinical Nurse Specialist
Organization:	National Association of Clinical Nurse Specialists (NACNS)

Harne-Britner has 21 years of nursing experience. She is a clinician, educator, consultant and researcher on two cardiovascular units. She is responsible for orientation of new staff, mentorship to preceptors, and planning and implementing competency assessment programs. She participated in the development and implementation of clinical practice guidelines. Harne-Britner was the co-chair of the Nursing Research Committee. In addition, she participated on multidisciplinary work groups and performance improvement teams as a clinical expert.

Member:	Marianne Markowitz, MSN, RN
	Dean, College of Nursing
	St. Joseph's Hospital School of Nursing
Board:	New York Board of Nursing
Specialty:	Education
Organization:	New York Organization for Associate Degree Nursing

Markowitz has 29 years in nursing including 15 years in nursing education. She plans, with faculty, and administers a program of nursing education consistent with current standards in nursing education and with the philosophy and objectives of the college of nursing. She has experience in developing an upper division nursing curriculum for a BSN program.

Member:	Jean Proehl, RN, MN, CEN, CCRN
	Emergency Clinical Nurse Specialist
	Dartmouth-Hitchcock Medical Center
Board:	New Hampshire Board of Nursing
Specialty:	Emergency Nursing
Organization:	Emergency Nurses Association (ENA)

Proehl has 25 years of nursing experience as an emergency clinical nurse specialist. She is responsible for clinical leadership and education programs in the Emergency Department. Proehl has experience in staff development, clinical care, systems enhancement quality assurance, special projects and clinical leadership. She is the past president of the Emergency Nurses Association.

Member:	Dolly N. Sullivan, RN, MSN, CNOR
	Operating Room Nurse
	Washington County Hospital
Board:	Maryland Board of Nursing
Specialty:	Operating Room
Organization:	Association of Peri-operative Registered Nurses (AORN)

Sullivan has over 14 years of nursing experience in various positions including clinical operating room manager, contact nurse for neurosurgery, interim operating room educator and service line coordinator for Ear, Nose, Throat and opthalmic specialties. She has worked as flexible staff for Cumberland Valley Surgical Center. As a clinical manager, she was responsible for staff scheduling, yearly evaluations, procedure scheduling and staff development. She also worked as an RN circulating nurse with scrubbing abilities in all specialties with an emphasis in neurosurgery, orthopedics and retinal surgery. She is a member of the AORN Next Generation National Task Force and a magnet project ambassador.

Member:	Hussein A. Tahan, DNSc, RN, CNA
	Director of Nursing
	Columbia University Medical Center
Board:	New York Board of Nursing
Specialty:	Research
Organization:	Sigma Theta Tau International Society of Nursing (STTI)

Tahan has 18 years in nursing experience and is currently director of nursing-cardiovascular services and care coordination. His work includes leading a team of eight nurse managers and 18 staff care coordinators. He is adjunct faculty in the graduate nursing program at St. Peter's College in New Jersey. Tahan provides consultations to organizations interested in case management programs and patient care operations, administration and management. He also led the Commission for Case Managers Certification's research on practice analysis and required knowledge for effective case management practice.

APPENDIX C: CONSECUTIVE PANEL OF SUBJECT MATTER EXPERTS (SMEs)

Table 2a - 2005 (1st) RN Continued Competence Panel of Experts August 28 – 29, 2005

Name	State Representation	Organization
Monika Fischer, MN, RN, ANP, CCM, COHN-S	California	American Association of Occupational Health Nurses (AAOHN)
Rebekah S. Lynch, PhD, RN, CNS	Colorado	Colorado Board of Nursing
Jane Wilson, MA, RN	Oregon	Association of Women's Health and Neonatal Nurses (AWHONN)
Cynthia Galemore, MSEd, RN	Kansas	National Association of School Nurses (NASN)
Janet Kramer, MS, RN	Indiana	National League of Nursing (NLN)
Pamela Papp, MS, RN, FNP	Illinois	American Academy of Nurse Practitioners (AANP)
Lois Werning, BSN, RN, BC	South Dakota	Academy of Medical-Surgical Nurses (AMSN)
Benjamin Peirce, BA, RN, CWOCN	Florida	National Association of Home Care (NAHC)
Becky Provine, RN, MSN, CS	Georgia	National Gerontological Nursing Association (NGNA)
Marianne Markowitz, MSN, RN	New York	New York Organization for Associate Degree Nursing
Jean A. Proehl, RN, MN, CEN, CCRN	New Hampshire	Emergency Nurses Association (ENA)
Dolly N. Sullivan, RN, CNOR	Maryland	Association of Peri-Operative Registered Nurses (AORN)
Hussein Tahan, DNSc, RN, CAN	New Jersey	Sigma Theta Tau International (STTI)

Table 2b - 2005 (2nd) RN Continued Competence Panel of Experts August 31 – September 1, 2005

Name	State Representation	Organization
Patricia J. Johnson, RN, MS, NNP	Arizona	Academy of Neonatal Nursing (ANN)
Mary Ellen Morphet-Brown, MSN, ARNP	Washington	U.S. Public Health Nursing Service – Indian Health Service
Kathleen D. Sanford, RN, MA, DBA, FACHE	Washington	American Organization of Nurse Executives (AONE)
Robert Billman, BSN, RN	Minnesota	American Psychiatric Nurse Association (APNA)
Shirley Fields-McCoy, MSN, RN	Ohio	American Nurses Association (ANA)
Sheila Haas, PhD, RN, FAAN	Illinois	American Association of Colleges of Nursing (AACN)
Anne M. Richter, RN, BS, CCRN	Michigan	American Association of Critical Care Nursing (AACCN)
Candace N. Taylor, RN, CPAN	Missouri	American Society of Peri-Anesthesia Nurses (ASPAN)
Eugene Young, BSN, RN	Illinois	American Academy of Ambulatory Care Nursing (AAACN)
Patricia Calico, DNSc, RN	Kentucky	Health Resources and Service Administration (HRSA)
Jean Ivey, DSN, RN, CRNP	Alabama	Society of Pediatric Nurses (SPN)
Mary Elizabeth Myers, RN, BSN, CHPN	Kentucky	Hospice & Palliative Nurse Association (HPNA)
Beth Budny, MS, RN, CNA, CRRN	Massachusetts	Association of Rehabilitation Nurses (ARN)
Sarah E. Harne-Britner MSN, RN, CCRN	Pennsylvania	National Association of Clinical Nurse Specialists (NACNS)

APPENDIX D: NCSBN 2006 CONTINUED COMPETENCE TASK FORCE

Chair	Sue Tedford, RN, CNS, MNSC, APN
Title:	Director of Nursing Education, Arkansas State Board of Nursing
Bio:	Tedford is responsible for implementing continued competence regulations for the ASBN and presenting related workshops throughout the state. She has more than 18 years experience as an RN program educator.

Member	Tina "Gay" Allen, RN, DPA
Title:	Director, Center for Nursing, Alabama Board of Nursing
Bio:	Allen led the standardization process of nursing education curricula for practical and associate degree nursing for the Alabama College System. She served as State School Nurse Consultant and director of Health Programs for the Alabama State Department of Education. Allen continues to teach online graduate level courses in health management/public administration and undergraduate courses in academic strategies for various universities.

Member	Wanda Neal Hooper, BSN, MSHSA, RN, CIC
Title:	Board Member, Tennessee Board of Nursing
Bio:	Hooper is the infection control officer responsible for compliance and accreditation standards as they relate to infectious disease for a 541 bed acute care facility. She provides educational presentations at the local and state level on topics related to infectious disease and professional nursing and health care policy. Additional areas of her expertise include management and care coordination of the vascular and general surgery populations. She is a member of the Tennessee Board of Nursing.

Member	Deanna Lloyd, LPN
Title:	Board Member, Nebraska Board of Nursing
Bio:	Lloyd's area of expertise is in corrections and drug and alcohol addictions. She has over 10 years experience with crisis intervention and substance abuse. She is a member of the Nebraska Board of Nursing.

Member	Anita Ristau, MS, RN
Title:	Executive Director, Vermont State Board of Nursing
Bio:	Ristau was the head of the nursing division, associate and upper division baccalaureate programs and professor emeritus at Norwich University in Vermont. She has 25 years of teaching experience and has served as chair of NCSBN's Examination Committee.

Member	Debra Scott, MS, RN, APN
Title:	Executive Director, Nevada State Board of Nursing
Bio:	Scott offers APN expertise as a nurse psychotherapist. Her experience includes 21 years of nursing practice in both acute care and residential settings. She has served as director of nursing and clinical services in both California and Nevada. Scott has supervised all discipline and alternative programs for chemically dependent nurses for the Nevada State Board of Nursing as associate executive director. She maintained a private practice until 2002 as a nurse psychotherapist.

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

Consultant	Fran Hicks, PhD, RN, FAAN
Title:	Consultant, Institute for Credentialing Innovation
Bio:	Hicks is a nurse leader providing guidance to public and private organizations in areas of needs assessments, evaluation, strategic and program planning, leadership development, governance and document review. Her other consultations included grant writing, research utilization, operationalization of peer review and outcome measurement. Before becoming an ANCC consultant, Hicks was a professor and past assistant dean at the University of Portland School of Nursing with a special focus on leadership, nursing science and health policy.

APPENDIX E: RN CONTINUED COMPETENCE ACTIVITY STATEMENTS

Analysis ID #	Activity Statement	Link	Form 1	Form 2
Appendix E. RN Continued Competence Activity Statements				
c.1	Collaborate with other disciplines/professions	X	X	X
c.2	Use available information, technology, and resources to make informed decisions	X	X	X
c.3	Participate in performance/quality improvement	X	X	X
c.4	Act as a client advocate	X	X	X
c.5	Incorporate evidenced-based practice/research results when providing care	X	X	X
c.6	Provide individualized/client-centered care	X	X	X
c.7	Use standardized language in client care (e.g., NANDA, NIC, NOC, Omaha)	X	X	X
c.8	Provide care appropriate to client's age, physical, developmental, cognitive, cultural and psychosocial needs	X	X	X
c.9	Use critical thinking skills to make decisions	X	X	X
c.10	Comply with federal/state/institutional policy regarding the use of client restraints and/or safety devices	X	X	X
c.11	Provide information regarding healthy behaviors (e.g., nutrition, smoking cessation, safe sexual practice)	X	X	X
c.12	Monitor and document adherence to health maintenance recommendations (e.g., primary health care provider visits, immunizations, screening exams)	X	X	X
c.13	Participate in community health outreach activities	X	X	X
c.14	Manage client's mental health needs	X	X	X
c.15	Use therapeutic communication techniques to develop coping and problem-solving skills	X	X	X
c.16	Assess pain/comfort level and intervene as appropriate	X	X	X
c.17	Perform emergency care procedures as appropriate (e.g., cardio-pulmonary resuscitation, respiratory support, automated external defibrillator)	X	X	X
c.18	Manage the care of a pre-, peri- and postnatal client	X	X	X
c.19	Evaluate appropriateness/accuracy of medication order	X	X	X
c.20	Monitor and maintain infusion access devices, infusion site(s) and rate(s)	X	X	X
c.21	Evaluate therapeutic and potential adverse effect of medications	X	X	X
c.22	Perform a risk assessment (e.g., sensory impairment, potential for falls, level of mobility, skin integrity) and implement interventions	X	X	X
c.23	Assess client's readiness to learn, learning preferences and barriers to learning	X	X	X
1.24	Recognize limitations of self/others and seek appropriate assistance		X	
1.25	Document nursing care consistent with guidelines (e.g., regulatory, agency)		X	
1.26	Serve as a resource person or mentor to other staff		X	
1.27	Encourage feedback from clients/staff and take action as appropriate		X	
1.28	Respect and support co-workers		X	
1.29	Use the nursing process as the basis of practice		X	
1.30	Use self-evaluation, peer evaluation, and feedback to modify and improve practice		X	
1.31	Comply with state and/or federal regulations for reportable conditions (e.g., abuse/neglect, communicable disease, co-worker substance abuse, dog bite)		X	
1.32	Function effectively as a team member		X	
1.33	Assign or delegate aspects of care as defined by the state nurse practice act		X	
1.34	Evaluate and document the client's response to interventions, changes in the client's condition and modify the plan of care as appropriate		X	

Analysis ID #	Activity Statement	Link	Form 1	Form 2
	Appendix E. RN Continued Competence Activity Statements			
1.35	Respect and accommodate clients' differences, beliefs, preferences, and expressed needs (e.g., provide culturally competent care)		X	
1.36	Recognize patterns in client assessments and intervene appropriately		X	
1.37	Value clients' differences, beliefs, preferences, and expressed needs		X	
1.38	Demonstrate appropriate organizational skills		X	
1.39	Perform activities related to client admission, transfer or discharge		X	
1.40	Identify limitations within the health care delivery setting and respond		X	
1.41	Incorporate cost-consciousness and resource management in providing care		X	
1.42	Use ergonomic principles (e.g., transfer/assistive devices, proper lifting)		X	
1.43	Handle biohazardous materials according to regulatory guidelines		X	
1.44	Accommodate individuals with disability or limitations		X	
1.45	Identify and manage environment for symptom clusters across clients (e.g., food poisoning, anthrax)		X	
1.46	Identify client health risks based on assessment of population or community characteristics		X	
1.47	Perform targeted screening for specific client populations		X	
1.48	Network with providers for similar populations and communities, to promote quality care		X	
1.49	Evaluate the outcomes of health promotion activities		X	
1.50	Identify non-verbal cues to physical and/or psychological stressors, (e.g., denial or over-emphasis of physical symptoms)		X	
1.51	Address client's communication needs based on visual, auditory, or cognitive limitations/distortions		X	
1.52	Assess family dynamics (e.g., structure, bonding, communication, boundaries, coping mechanisms)		X	
1.53	Assess and plan interventions that meet the client's cultural, emotional and spiritual needs		X	
1.54	Incorporate behavioral management techniques when caring for a client (e.g., positive reinforcement, setting limits)		X	
1.55	Perform comprehensive health assessment (e.g., physical, psychosocial and health history)		X	
1.56	Manage client's hydration status (e.g., intake and output, edema, signs and symptoms of dehydration)		X	
1.57	Manage client with impaired mobility		X	
1.58	Manage clients with alteration in hemodynamics, tissue perfusion and hemostasis (e.g., cerebral, cardiac, peripheral)		X	
1.59	Perform skin assessment and implement measures to prevent skin breakdown (e.g., turning, re-positioning, pressure-relieving support surfaces)		X	
1.60	Perform point of care testing (e.g., glucose monitoring)		X	
1.61	Monitor and maintain devices and equipment used for drainage (e.g., surgical wound drains, chest tube suction, urethral bladder catheter, negative pressure wound therapy)		X	
1.62	Identify causes of and manage inflammatory response		X	
1.63	Manage specimen collection (e.g., urine, sputum, blood)		X	
1.64	Manage client with alterations in neurologic function		X	
1.65	Review pertinent data prior to medication administration (e.g., vital signs, lab results, allergies, potential interactions, routes/injection sites)		X	
1.66	Adjust/titrate dosage of medication based on assessment of specified physiologic parameters (e.g., giving insulin according to blood glucose levels)		X	
1.67	Manage blood product administration		X	

Appendix E. RN Continued Competence Activity Statements

Analysis ID #	Activity Statement	Link	Form 1	Form 2
1.68	Manage client receiving moderate/conscious sedation		X	
1.69	Respond appropriately to client experiencing side effects and reactions of medication		X	
1.70	Insert intravenous access devices		X	
1.71	Verify appropriateness and/or accuracy of a treatment order		X	
1.72	Identify and intervene in potentially life threatening situations		X	
1.73	Verify proper identification according to guidelines (e.g., client, site, procedure)		X	
1.74	Identify language and communication barriers and intervene		X	
1.75	Evaluate and document client learning		X	
1.76	Assess client understanding of and ability to manage self care (e.g., chronic disease process, home environment, supply access)		X	
2.24	Make referrals and coordinate continuity of care between/among health care providers/agencies			X
2.25	Verify client understands and consents to care/procedures			X
2.26	Supervise care provided by others as defined by the state nurse practice act (e.g., RN, assistive personnel, other RNs)			X
2.27	Manage conflict among clients/staff			X
2.28	Recognize ethical dilemmas and take appropriate action			X
2.29	Participate in the development/revision of policies and procedures			X
2.30	Verify client is aware of rights and responsibilities (e.g., advance directives, client bill of rights)			X
2.31	Participate in educational activities to maintain/improve professional knowledge and skills			X
2.32	Maintain confidentiality/privacy			X
2.33	Provide care consistent with state nurse practice act, regulatory and accreditation requirements			X
2.34	Use standard nomenclature (e.g., approved abbreviations and terminology) when documenting care			X
2.35	Report error/event/occurrence per protocol (e.g., medication error, client fall)			X
2.36	Assess/triage client(s) to prioritize the order of care delivery			X
2.37	Validate data from pertinent sources to evaluate client response to interventions (i.e., family, significant others)			X
2.38	Implement principles of case management to address client needs			X
2.39	Communicate client's status to appropriate health care provider			X
2.40	Anticipate the need for additional resources to implement interventions			X
2.41	Identify client's allergies and intervene as needed (e.g., food, latex and other environmental allergies)			X
2.42	Provide appropriate and safe use of equipment in performing care			X
2.43	Apply principles of infection control (e.g., hand hygiene, isolation, aseptic technique, sterile field, standard precautions)			X
2.44	Comply with emergency/security plans (e.g., internal/external disaster, fire, infant abduction)			X
2.45	Protect client from injury (e.g., falls, electrical hazards, malfunctioning equipment)			X
2.46	Provide therapeutic milieu for clients			X
2.47	Participate in shared decision-making (e.g., staff scheduling, client assignments)			X
2.48	Provide anticipatory guidance based on client's individual risk assessment			X
2.49	Evaluate and promote healthy behaviors (e.g., nutrition, sleep/rest)			X

Appendix E. RN Continued Competence Activity Statements				
Analysis ID #	Activity Statement	Link	Form 1	Form 2
2.50	Assist client to develop achievable goals and plans to promote a healthy lifestyle			X
2.51	Recognize impact of illness/disease on individual/family lifestyle, environment, physical relationships, and multiple role responsibilities			X
2.52	Provide support to clients coping with life changes (e.g., loss, new diagnosis)			X
2.53	Establish a therapeutic relationship with client			X
2.54	Perform focused health assessment/reassessment			X
2.55	Manage client with an alteration in elimination (e.g., bowel, renal, ostomy care)			X
2.56	Perform procedures using sterile versus clean technique			X
2.57	Incorporate alternative/complementary therapy into client's plan of care (e.g., massage, relaxation, music)			X
2.58	Manage client with an alteration in nutritional status (e.g., adjust diet, tube feedings, food preferences)			X
2.59	Assess and intervene in client's performance of activities of daily living (ADL) and instrumental activities of daily living (IADL)			X
2.60	Manage the client with impaired ventilation/oxygenation			X
2.61	Maintain desired temperature of client using external devices (e.g., cooling and/or warming blanket)			X
2.62	Manage wound care			X
2.63	Use technology to manage, access and process information			X
2.64	Manage a client with an endocrine disorder			X
2.65	Prepare and administer medications (5 rights of medication administration)			X
2.66	Accurately calculate dosages for medication administration			X
2.67	Comply with regulations governing controlled substances, (e.g., counting narcotics, wasting narcotics)			X
2.68	Administer intravenous (IV) medications			X
2.69	Evaluate the results of diagnostic testing and intervene as needed (e.g., lab, electrocardiogram)			X
2.70	Evaluate occupational/environmental exposures (e.g., lead, asbestos exposure)			X
2.71	Report unsafe practice of health care personnel to internal/external entities (e.g., emotional or physical impairment, substance abuse, improper care)			X
2.72	Communicate appropriate information succinctly in emergent situations			X
2.73	Implement safety precautions/protocols for identified risks (e.g., suicide, fall, infection)			X
2.74	Educate staff/students (e.g., in-service, orientation)			X
2.75	Plan and provide comprehensive teaching to address the needs and concerns of clients			X
2.76	Assist client to identify reliable health information resources			X

APPENDIX F: RN CONTINUED COMPETENCE SURVEY FORMS 1 & 2

NATIONAL COUNCIL OF STATE BOARDS OF NURSING (NCSBN®)
REGISTERED NURSE (RN)
CONTINUED COMPETENCE STUDY FORM 1

INSTRUCTIONS

Please read each question carefully and respond by filling in the oval of the response that most closely represents your answer. Most questions have several alternative answers. Choose the answer that best applies to your practice and fill in the appropriate oval(s). **Please answer every question that you can even if you are not currently working/employed as an RN.** A few questions ask you to write in information. Print your answer legibly in the space provided following the question. Your answers will be kept confidential. Your individual responses to the questions will not be released.

Definitions:
For the purpose of this survey, continued competence is defined as the ongoing ability of a nurse to integrate and apply knowledge, skills, judgment, and personal attributes required to practice safely, ethically and competently in a designated role and setting in accordance with the scope and standards of RN practice.

In addition, "client" can be an individual, individual plus family/significant other, an aggregate/group, or community/population. "Clients" are the same as "patients" or "residents".

"Management" of a client includes all phases of the nursing process and all aspects of care.

MARKING INSTRUCTIONS:

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

RIGHT MARK   WRONG MARKS

PLEASE DO NOT WRITE IN THIS AREA

SECTION 1: EXPERIENCE AND DEMOGRAPHICS

1. How many years of work experience do you have as an RN?

   Example: 8 years is represented as "08"

   Example: | 0 | 8 | Years

   Total number of years experience as an RN

   | | | Years

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

   ○ Diploma
   ○ Associate degree
   ○ Baccalaureate degree
   ○ Master's degree
   ○ Doctorate degree
   ○ Other *(Please specify)* _____

3. What is the highest level of education you have completed?

   ○ High School
   ○ Associate degree
   ○ Baccalaureate degree
   ○ Master's degree
   ○ Doctorate degree
   ○ Other *(Please specify)* _____

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

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

5. What is your age in years?

   | | | Years

6. What is your gender?

   ○ Male
   ○ Female

7. Are you currently employed as an RN?

   ○ Yes
   ○ No

8. If you are no longer working/employed as an RN, what was the last year in which you practiced?

   | | | | | Year

9. Are you currently employed as an Advanced Practice RN?

   ○ Yes
   ○ No

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

    Average number of CE contact hours per year

    | | | Hours

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

    Nurse Specialty Certification Categories

    ○ Ambulatory Care/Nurse
    ○ Cardiac Rehabilitation Nurse
    ○ Critical Care Nurse
    ○ Emergency Nurse
    ○ General Nursing Practice Nurse
    ○ Gerontological Nurse
    ○ Home Health Nurse
    ○ Hospice/Palliative Care Nurse
    ○ Medical-Surgical Nurse
    ○ Nurse Manager
    ○ Nursing Administration
    ○ Nursing Administration, Advanced
    ○ Nursing Continuing Education/Staff Development
    ○ Obstetrical Nurse
    ○ Pediatric Nurse
    ○ Perinatal Nurse
    ○ Psychiatric and Mental Health Nurse
    ○ Rehabilitation Nurse
    ○ School Nurse/College Health
    ○ Other *(Please specify)* _____

SECTION 2: WORK ENVIRONMENT

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

    Hours worked **per typical week**

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

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

    ○ Ambulatory Care
    ○ Case Management
    ○ Critical Care (e.g., ICU, CCU, step-down units)
    ○ Education (e.g., staff, college)
    ○ Emergency Department
    ○ Geriatrics
    ○ Hospice/Palliative Care
    ○ Maternal Newborn
    ○ Medical Surgical
    ○ Nursing Home, Skilled or Intermediate Care
    ○ Occupational Health
    ○ Operating Room (e.g., PACU, Pre-Op)
    ○ Pediatrics
    ○ Pediatric/Neonatal Intensive Care
    ○ Psychiatry/Mental Health
    ○ Regulation
    ○ Rehabilitation
    ○ Research
    ○ Residential Care, Developmental Disability Care
    ○ School/College Health
    ○ Telehealth
    ○ Transitional Care Unit
    ○ Other *(Please specify)* _____

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

    ○ Business/Industry
    ○ College/University
    ○ Community-based or Ambulatory Care Facility/Organization (e.g., private sector, physician/APRN/dentist's office, school, correctional facility, group home)
    ○ Home Health
    ○ Hospital
    ○ Long-term Care Facility
    ○ Public Health Department
    ○ Other *(Please specify)* _____

4. Which of the following **best** describes your primary role? *(Select only ONE answer)*

    ○ Administrator
    ○ Faculty
    ○ Manager
    ○ Staff Development
    ○ Staff Nurse
    ○ Other *(Please specify)* _____

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

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

PLEASE DO NOT WRITE IN THIS AREA

SECTION 3: NURSING ACTIVITIES PERFORMED

INSTRUCTIONS: This section contains a list of activities descriptive of nursing practices in a variety of settings. Some activities may not be a part of core practice and may not apply to your position or setting. Please use the rating scale(s) below to provide a part of core practice, importance, and frequency rating for each activity statement.

EXAMPLE RATING SCALE	A-PART OF CORE PRACT		B-IMPORTANCE				C-FREQUENCY					
	Y Yes	N No	1 Not Important	2 Somewhat Important	3 Important	4 Extremely Important	NA Not Applicable	0 Performed Less Than 1 Time a day	1 Time a day	2 Times a day	3 Times a day	4 Times or more a day
A. Part of Core Practice: Is defined as essential knowledge, skills, and abilities needed to practice safely regardless of practice setting. Mark **Yes** if the activity is part of core practice. Mark **No** if the activity is not part of core practice. **B. Importance:** If the activity is **Not Important** mark 1. If an activity is **Somewhat Important, Important,** or **Extremely Important,** mark a rating of 2 to 4 to reflect the overall importance of the activity for RN practice considering client safety. **C. Frequency:** If an activity **does not apply** to your work setting, mark '**NA Not Applicable**" then move to the next activity. If an activity **is performed** in your work setting, mark a rating of 0 to 4 to reflect the frequency with which you perform the activity on a **typical day of work.**												

If providing pre-natal care is **Not Part of Core Practice, Important,** and **Not Applicable,** fill in the answers as shown in the example.

1. Provide pre-natal care

If collaborating with other disciplines/professions is **Part of Core Practice, Important** and performed **4 Times or More a day,** fill in the answers as shown in the example.

2. Collaborate with other disciplines/professions

PLEASE PROVIDE A PART OF CORE PRACTICE, IMPORTANCE, AND FREQUENCY RATING FOR EACH ACTIVITY STATEMENT

Activity Statements	A-PART OF CORE PRACT		B-IMPORTANCE				C-FREQUENCY					
	Y Yes	N No	1 Not Important	2 Somewhat Important	3 Important	4 Extremely Important	NA Not Applicable	0 Performed Less Than 1 Time a day	1 Time a day	2 Times a day	3 Times a day	4 Times or more a day
A. Part of Core Practice: Is defined as essential knowledge, skills, and abilities needed to practice safely regardless of practice setting. Mark **Yes** if the activity is part of core practice. Mark **No** if the activity is not part of core practice. **B. Importance:** If the activity is **Not Important** mark 1. If an activity is **Somewhat Important, Important,** or **Extremely Important,** mark a rating of 2 to 4 to reflect the overall importance of the activity for RN practice considering client safety. **C. Frequency:** If an activity **does not apply** to your work setting, mark '**NA Not Applicable**" then move to the next activity. If an activity **is performed** in your work setting, mark a rating of 0 to 4 to reflect the frequency with which you perform the activity on a **typical day of work.**												
1. Collaborate with other disciplines/professions												
2. Recognize limitations of self/others and seek appropriate assistance												
3. Document nursing care consistent with guidelines (e.g., regulatory, agency)												
4. Use available information, technology, and resources to make informed decisions												
5. Serve as a resource person or mentor to other staff												
6. Encourage feedback from clients/staff and take action as appropriate												
7. Respect and support co-workers												
8. Use the nursing process as the basis of practice												
9. Use self-evaluation, peer evaluation, and feedback to modify and improve practice												
10. Participate in performance/quality improvement												
11. Act as a client advocate												
12. Comply with state and/or federal regulations for reportable conditions (e.g., abuse/neglect, communicable disease, co-worker substance abuse, dog bite)												
13. Incorporate evidenced-based practice/research results when providing care												
14. Function effectively as a team member												
15. Assign or delegate aspects of care as defined by the state nurse practice act												
16. Evaluate and document the client's response to interventions, changes in the client's condition and modify the plan of care as appropriate												
17. Provide individualized/client-centered care												
18. Respect and accommodate clients' differences, beliefs, preferences, and expressed needs (e.g., provide culturally competent care)												
19. Use standardized language in client care (e.g., NANDA, NIC, NOC, Omaha)												
20. Recognize patterns in client assessments and intervene appropriately												
21. Provide care appropriate to client's age, physical, developmental, cognitive, cultural and psychosocial needs												
22. Value clients' differences, beliefs, preferences, and expressed needs												
23. Demonstrate appropriate organizational skills												
24. Use critical thinking skills to make decisions												
25. Perform activities related to client admission, transfer or discharge												
26. Identify limitations within the healthcare delivery setting and respond												
27. Incorporate cost-consciousness and resource management in providing care												
28. Use ergonomic principles (e.g., transfer/assistive devices, proper lifting)												
29. Handle biohazardous materials according to regulatory guidelines												

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PLEASE PROVIDE A PART OF CORE PRACTICE, IMPORTANCE, AND FREQUENCY RATING FOR EACH ACTIVITY STATEMENT

Activity Statements

A. Part of Core Practice: Is defined as essential knowledge, skills, and abilities needed to practice safely regardless of practice setting. Mark **Yes** if the activity is part of core practice. Mark **No** if the activity is not part of core practice.

B. Importance: If the activity is **Not Important** mark 1. If an activity is **Somewhat Important, Important,** or **Extremely Important,** mark a rating of 2 to 4 to reflect the overall importance of the activity for RN practice considering client safety.

C. Frequency: If an activity **does not apply** to your work setting, mark '**NA Not Applicable**" then move to the next activity. If an activity **is performed** in your work setting, mark a rating of 0 to 4 to reflect the frequency with which you perform the activity on a **typical day of work.**

Column legend:
- A-PART OF CORE PRACT: Y Yes, N No
- B-IMPORTANCE: 1 Not Important, 2 Somewhat Important, 3 Important, 4 Extremely Important
- C-FREQUENCY: NA Not Applicable, 0 Performed Less Than 1 Time a day, 1 Time a day, 2 Times a day, 3 Times a day, 4 Times or more a day

#	Activity	A-PART OF CORE PRACT		B-IMPORTANCE				C-FREQUENCY					
		Y	N	1	2	3	4	NA	0	1	2	3	4
30.	Comply with federal/state/institutional policy regarding the use of client restraints and/or safety devices	Y	N	1	2	3	4	NA	0	1	2	3	4
31.	Accommodate individuals with disability or limitations	Y	N	1	2	3	4	NA	0	1	2	3	4
32.	Identify and manage environment for symptom clusters across clients (e.g., food poisoning, anthrax)	Y	N	1	2	3	4	NA	0	1	2	3	4
33.	Identify client health risks based on assessment of population or community characteristics	Y	N	1	2	3	4	NA	0	1	2	3	4
34.	Perform targeted screening for specific client populations	Y	N	1	2	3	4	NA	0	1	2	3	4
35.	Provide information regarding healthy behaviors, (e.g., nutrition, smoking cessation, safe sexual practice.	Y	N	1	2	3	4	NA	0	1	2	3	4
36.	Monitor and document adherence to health maintenance recommendations (e.g., primary health care provider visits, immunizations, screening exams)	Y	N	1	2	3	4	NA	0	1	2	3	4
37.	Participate in community health outreach activities	Y	N	1	2	3	4	NA	0	1	2	3	4
38.	Network with providers for similar populations and communities, to promote quality care	Y	N	1	2	3	4	NA	0	1	2	3	4
39.	Evaluate the outcomes of health promotions activities	Y	N	1	2	3	4	NA	0	1	2	3	4
40.	Idenfity non-verbal cues to physical and/or psychological stressors, (e.g., denial or over-emphasis of physical symptons)	Y	N	1	2	3	4	NA	0	1	2	3	4
41.	Address client's communication needs based on visual, auditory, or cognitive limitations distortions	Y	N	1	2	3	4	NA	0	1	2	3	4
42.	Manage client's mental health needs	Y	N	1	2	3	4	NA	0	1	2	3	4
43.	Assess family dynamics (e.g., structure, bonding, communication, boundaries, coping mechanisms)	Y	N	1	2	3	4	NA	0	1	2	3	4
44.	Assess and plan interventions that meet the client's cultural, emotional and spiritual needs	Y	N	1	2	3	4	NA	0	1	2	3	4
45.	Use therapeutic communication techniques to develop coping and problem-solving skills	Y	N	1	2	3	4	NA	0	1	2	3	4
46.	Incorporate behavioral management techniques when caring for a client (e.g., positive reinforcement, setting limits)	Y	N	1	2	3	4	NA	0	1	2	3	4
47.	Perform comprehensive health assessment (e.g., physical, psychosocial and health history)	Y	N	1	2	3	4	NA	0	1	2	3	4
48.	Manage client's hydration status (e.g., intake and output, edema, signs and symptoms of dehydration)	Y	N	1	2	3	4	NA	0	1	2	3	4
49.	Manage client with impaired mobility	Y	N	1	2	3	4	NA	0	1	2	3	4
50.	Manage clients with alteration in hemodynamics, tissue perfusion and hemostasis (e.g., cerebral, cardiac, peripheral)	Y	N	1	2	3	4	NA	0	1	2	3	4
51.	Assess pain/comfort level and intervene as appropriate	Y	N	1	2	3	4	NA	0	1	2	3	4
52.	Perform skin assessment and implement measures to prevent skin breakdown (e.g., turning, re-positioning, pressure-relieving support surfaces)	Y	N	1	2	3	4	NA	0	1	2	3	4
53.	Perform point of care testing (e.g., glucose monitoring)	Y	N	1	2	3	4	NA	0	1	2	3	4
54.	Monitor and maintain devices and equipment used for drainage (e.g., surgical wound drains, chest tube suction, urethral bladder catheter, negative pressure wound therapy)	Y	N	1	2	3	4	NA	0	1	2	3	4
55.	Identify causes of and manage inflammatory response	Y	N	1	2	3	4	NA	0	1	2	3	4
56.	Manage specimen collection (e.g., urine, sputum, blood)	Y	N	1	2	3	4	NA	0	1	2	3	4
57.	Manage client with alterations in neurologic function	Y	N	1	2	3	4	NA	0	1	2	3	4
58.	Perform emergency care procedures as appropriate (e.g., cardio-pulmonary resuscitation, respiratory support, automated external defibrillator)	Y	N	1	2	3	4	NA	0	1	2	3	4
59.	Manage the care of a pre-, peri- and postnatal client	Y	N	1	2	3	4	NA	0	1	2	3	4
60.	Evaluate appropriateness/sccuracy of medication order	Y	N	1	2	3	4	NA	0	1	2	3	4
61.	Review pertinent data prior to medication administration (e.g., vital signs, lab results, allergies, potential interactions, routes/injection sites)	Y	N	1	2	3	4	NA	0	1	2	3	4
62.	Adjust/titrate dosage of medication based on assessment of specified physiologic parameters (e.g., giving insulin according to blood glucose levels)	Y	N	1	2	3	4	NA	0	1	2	3	4
63.	Monitor and maintain infusion access devices, infusion site(s) and rate(s)	Y	N	1	2	3	4	NA	0	1	2	3	4
64.	Manage blood product administration	Y	N	1	2	3	4	NA	0	1	2	3	4
65.	Manage client receiving moderate/conscious sedation	Y	N	1	2	3	4	NA	0	1	2	3	4
66.	Evaluate therapeutic and potential adverse effect of medications	Y	N	1	2	3	4	NA	0	1	2	3	4
67.	Respond appropriately to client experiencing side effects and reactions of medication	Y	N	1	2	3	4	NA	0	1	2	3	4
68.	Insert intravenous access devices	Y	N	1	2	3	4	NA	0	1	2	3	4
69.	Perform a risk assessment (e.g., sensory impairment, potential for falls, level of mobility, skin integrity) and implement interventions	Y	N	1	2	3	4	NA	0	1	2	3	4
70.	Verify appropriateness and/or accuracy of a treatment order	Y	N	1	2	3	4	NA	0	1	2	3	4
71.	Identify and intervene in potentially life threatening situations	Y	N	1	2	3	4	NA	0	1	2	3	4
72.	Verify proper identification according to guidelines (e.g., client, site, procedure)	Y	N	1	2	3	4	NA	0	1	2	3	4
73.	Idenfity language and communication barriers and intervene	Y	N	1	2	3	4	NA	0	1	2	3	4
74.	Assess client's readiness to learn, learning preferences and barriers to learning	Y	N	1	2	3	4	NA	0	1	2	3	4
75.	Evaluate and document client learning	Y	N	1	2	3	4	NA	0	1	2	3	4
76.	Assess client understanding of and ability to manage self care (e.g., chronic disease process, home environment, supply access)	Y	N	1	2	3	4	NA	0	1	2	3	4

SECTION 3: NURSING ACTIVITIES PERFORMED (continued)

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

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

Are there additional important activities performed by RNs in your work setting that were NOT listed on this survey?
○ No
○ Yes *(Please list any activity(ies) in the space provided):* _____

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SECTION 4: AWARDS AND COMMENTS

In order to be eligible to receive an award and to receive the certificate of recognition for your participation, we need your contact information.
Please provide the information in the space provided:

Name: _____   Mailing address: _____

E-mail address: _____

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If we need more information to clarify the results of this study, we may call some persons. If you are willing to be contacted, please **provide your phone number in the space provided**

Daytime or Early Evening Phone Number with Area Code:

You may write any additional comments or suggestions that you have in the space below and on the next page.

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PLEASE DO NOT WRITE IN THIS AREA

SECTION 4: AWARDS AND COMMENTS (Continued)

You may write any additional comments or suggestions that you have in the space below.

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After you complete this form, please return it in the enclosed postage paid envelope.

Thank you for your assistance with this study!

FORM 2

NATIONAL COUNCIL OF STATE BOARDS OF NURSING (NCSBN®)
REGISTERED NURSE (RN)
CONTINUED COMPETENCE STUDY FORM 2

INSTRUCTIONS

Please read each question carefully and respond by filling in the oval of the response that most closely represents your answer. Most questions have several alternative answers. Choose the answer that best applies to your practice and fill in the appropriate oval(s). **Please answer every question that you can even if you are not currently working/employed as an RN.** A few questions ask you to write in information. Print your answer legibly in the space provided following the question. Your answers will be kept confidential. Your individual responses to the questions will not be released.

Definitions:

For the purpose of this survey, continued competence is defined as the ongoing ability of a nurse to integrate and apply knowledge, skills, judgment, and personal attributes required to practice safely, ethically and competently in a designated role and setting in accordance with the scope and standards of RN practice.

In addition, "client" can be an individual, individual plus family/significant other, an aggregate/group, or community/population. "Clients" are the same as "patients" or "residents".

"Management" of a client includes all phases of the nursing process and all aspects of care.

MARKING INSTRUCTIONS:

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

RIGHT MARK   WRONG MARKS

PLEASE DO NOT WRITE IN THIS AREA

SECTION 1: EXPERIENCE AND DEMOGRAPHICS

1. How many years of work experience do you have as an RN?

   Example: 8 years is represented as "08"

   Example: Total number of years experience as an RN

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

   Total number of years experience as an RN: | | | Years

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

   ◯ Diploma
   ◯ Associate degree
   ◯ Baccalaureate degree
   ◯ Master's degree
   ◯ Doctorate degree
   ◯ Other *(Please specify)* _____

3. What is the highest level of education you have completed?

   ◯ High School
   ◯ Associate degree
   ◯ Baccalaureate degree
   ◯ Master's degree
   ◯ Doctorate degree
   ◯ Other *(Please specify)* _____

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

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

5. What is your age in years?

   | | | Years

6. What is your gender?

   ◯ Male
   ◯ Female

7. Are you currently employed as an RN?

   ◯ Yes
   ◯ No

8. If you are no longer working/employed as an RN, what was the last year in which you practiced?

   | | | | | Year

9. Are you currently employed as an Advanced Practice RN?

   ◯ Yes
   ◯ No

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

    Average number of CE contact hours per year

    | | | Hours

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

    Nurse Specialty Certification Categories

    ◯ Ambulatory Care/Nurse
    ◯ Cardiac Rehabilitation Nurse
    ◯ Critical Care Nurse
    ◯ Emergency Nurse
    ◯ General Nursing Practice Nurse
    ◯ Gerontological Nurse
    ◯ Home Health Nurse
    ◯ Hospice/Palliative Care Nurse
    ◯ Medical-Surgical Nurse
    ◯ Nurse Manager
    ◯ Nursing Administration
    ◯ Nursing Administration, Advanced
    ◯ Nursing Continuing Education/Staff Development
    ◯ Obstetrical Nurse
    ◯ Pediatric Nurse
    ◯ Perinatal Nurse
    ◯ Psychiatric and Mental Health Nurse
    ◯ Rehabilitation Nurse
    ◯ School Nurse/College Health
    ◯ Other *(Please specify)* _____

SECTION 2: WORK ENVIRONMENT

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

   Hours worked **per typical week**

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

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

   ○ Ambulatory Care
   ○ Case Management
   ○ Critical Care (e.g., ICU, CCU, step-down units)
   ○ Education (e.g., staff, college)
   ○ Emergency Department
   ○ Geriatrics
   ○ Hospice/Palliative Care
   ○ Maternal Newborn
   ○ Medical Surgical
   ○ Nursing Home, Skilled or Intermediate Care
   ○ Occupational Health
   ○ Operating Room (e.g., PACU, Pre-Op)
   ○ Pediatrics
   ○ Pediatric/Neonatal Intensive Care
   ○ Psychiatry/Mental Health
   ○ Regulation
   ○ Rehabilitation
   ○ Research
   ○ Residential Care, Developmental Disability Care
   ○ School/College Health
   ○ Telehealth
   ○ Transitional Care Unit
   ○ Other *(Please specify)* _____

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

   ○ Business/Industry
   ○ College/University
   ○ Community-based or Ambulatory Care Facility/Organization (e.g., private sector, physician/APRN/dentist's office, school, correctional facility, group home)
   ○ Home Health
   ○ Hospital
   ○ Long-term Care Facility
   ○ Public Health Department
   ○ Other *(Please specify)* _____

4. Which of the following **best** describes your primary role? *(Select only ONE answer)*

   ○ Administrator
   ○ Faculty
   ○ Manager
   ○ Staff Development
   ○ Staff Nurse
   ○ Other *(Please specify)* _____

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

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

National Council of State Boards of Nursing, Inc. (NCSBN) | 2007

SECTION 3: NURSING ACTIVITIES PERFORMED

INSTRUCTIONS: This section contains a list of activities descriptive of nursing practices in a variety of settings. Some activities may not be a part of core practice and may not apply to your position or setting. Please use the rating scale(s) below to provide a part of core practice, importance, and frequency rating for each activity statement.

EXAMPLE RATING SCALE	A-PART OF CORE PRACT	B-IMPORTANCE				C-FREQUENCY				
	Y Yes / N No	1 Not Important	2 Somewhat Important	3 Important	4 Extremely Important	NA Not Applicable	0 Performed Less Than 1 Time a day	1 Time a day	2 Times a day	3 Times a day	4 Times or more a day

A. Part of Core Practice: Is defined as essential knowledge, skills, and abilities needed to practice safely regardless of practice setting. Mark **Yes** if the activity is part of core practice. Mark **No** if the activity is not part of core practice.

B. Importance: If the activity is **Not Important** mark 1. If an activity is **Somewhat Important, Important,** or **Extremely Important,** mark a rating of 2 to 4 to reflect the overall importance of the activity for RN practice considering client safety.

C. Frequency: If an activity **does not apply** to your work setting, mark "**NA Not Applicable** " then move to the next activity. If an activity **is performed** in your work setting, mark a rating of 0 to 4 to reflect the frequency with which you perform the activity on a **typical day of work.**

If providing pre-natal care is **Not Part of Core Practice, Important,** and **Not Applicable,** fill in the answers as shown in the example.

1. Provide pre-natal care

If collaborating with other disciplines/professions is **Part of Core Practice, Important** and performed **4 Times or More a day,** fill in the answers as shown in the example.

2. Collaborate with other disciplines/professions

PLEASE PROVIDE A PART OF CORE PRACTICE, IMPORTANCE, AND FREQUENCY RATING FOR EACH ACTIVITY STATEMENT

Activity Statements	A-PART OF CORE PRACT	B-IMPORTANCE				C-FREQUENCY				
	Y Yes / N No	1 Not Important	2 Somewhat Important	3 Important	4 Extremely Important	NA Not Applicable	0 Performed Less Than 1 Time a day	1 Time a day	2 Times a day	3 Times a day	4 Times or more a day

A. Part of Core Practice: Is defined as essential knowledge, skills, and abilities needed to practice safely regardless of practice setting. Mark **Yes** if the activity is part of core practice. Mark **No** if the activity is not part of core practice.

B. Importance: If the activity is **Not Important** mark 1. If an activity is **Somewhat Important, Important,** or **Extremely Important,** mark a rating of 2 to 4 to reflect the overall importance of the activity for RN practice considering client safety.

C. Frequency: If an activity **does not apply** to your work setting, mark "**NA Not Applicable** " then move to the next activity. If an activity **is performed** in your work setting, mark a rating of 0 to 4 to reflect the frequency with which you perform the activity on a **typical day of work.**

1. Collaborate with other disciplines/professions
2. Make referrals and coordinate continuity of care between/among healthcare providers/agencies
3. Verify client understands and consents to care/procedures
4. Use available information, technology, and resources to make informed decisions
5. Supervise care provided by others as defined by the state nurse practice act (e.g., LPN/VN, assistive personnel, other RNs)
6. Manage conflict among clients/staff
7. Recognize ethical dilemmas and take appropriate action
8. Participate in the development/revision of policies and procedures
9. Verify client is aware of rights and responsibilities (e.g., advance directives, client bill of rights)
10. Participate in performance/quality improvement
11. Participate in educational activities to maintain/improve professional knowledge and skills
12. Act as a client advocate
13. Maintain confidentiality/privacy
14. Incorporate evidenced-based practice/research results when providing care
15. Provide care consistent with state nurse practice act, regulatory and accreditation requirements
16. Use standard nomenclature (e.g., approved abbreviations and terminology) when documenting care
17. Provide individualized/client-centered care
18. Report error/event/occurrence per protocol (e.g., medication error, client fall)
19. Use standardized language in client care (e.g., NANDA, NIC, NOC, Omaha)
20. Assess/triage client(s) to prioritize the order of care delivery
21. Validate data from pertinent sources to evaluate client response to interventions (I.e., family, significant others)
22. Provide care appropriate to client's age, physical, developmental, cognitive, cultural and psychosocial needs
23. Implement principles of case management to address client needs
24. Communicate client's status to appropriate healthcare provider
25. Use critical thinking skills to make decisions
26. Anticipate the need for additional resources to implement interventions
27. Identify client's allergies and intervene as needed (e.g., food, latex and other environmental allergies)
28. Provide appropriate and safe use of equipment in performing care

PLEASE PROVIDE A PART OF CORE PRACTICE, IMPORTANCE, AND FREQUENCY RATING FOR EACH ACTIVITY STATEMENT

A. Part of Core Practice: Is defined as essential knowledge, skills, and abilities needed to practice safely regardless of practice setting. Mark **Yes** if the activity is part of core practice. Mark **No** if the activity is not part of core practice.

B. Importance: If the activity is **Not Important** mark 1. If an activity is **Somewhat Important, Important,** or **Extremely Important,** mark a rating of 2 to 4 to reflect the overall importance of the activity for RN practice considering client safety.

C. Frequency: If an activity **does not apply** to your work setting, mark "**NA Not Applicable**" then move to the next activity. If an activity **is performed** in your work setting, mark a rating of 0 to 4 to reflect the frequency with which you perform the activity on a **typical day of work.**

Activity Statements	A-PART OF CORE PRACT		B-IMPORTANCE				C-FREQUENCY					
	Y Yes	N No	1 Not Important	2 Somewhat Important	3 Important	4 Extremely Important	NA Not Applicable	0 Performed Less Than 1 Time a day	1 Time a day	2 Times a day	3 Times a day	4 Times or more a day
29. Apply principles of infection control (e.g., hand hygiene, isolation, aseptic technique, sterile field, standard precautions)	Y	N	1	2	3	4	NA	0	1	2	3	4
30. Comply with emergency/security plans (e.g., internal/external disaster, fire, infant abduction)	Y	N	1	2	3	4	NA	0	1	2	3	4
31. Comply with federal/state/institutional policy regarding the use of client restraints and/or safety devices	Y	N	1	2	3	4	NA	0	1	2	3	4
32. Protect client from injury (e.g., falls, electrical hazards, malfunctioning equipment)	Y	N	1	2	3	4	NA	0	1	2	3	4
33. Provide therapeutic milieu for clients	Y	N	1	2	3	4	NA	0	1	2	3	4
34. Participate in shared decision-making (e.g., staff scheduling, client assignments)	Y	N	1	2	3	4	NA	0	1	2	3	4
35. Provide anticipatory guidance based on client's individual risk assessment	Y	N	1	2	3	4	NA	0	1	2	3	4
36. Provide information regarding healthy behaviors (e.g., nutrition, smoking cessation, safe sexual practice)	Y	N	1	2	3	4	NA	0	1	2	3	4
37. Monitor and document adherence to health maintenance recommendations (e.g., primary health care provider visits, immunizations, screening exams)	Y	N	1	2	3	4	NA	0	1	2	3	4
38. Participate in community health outreach activities	Y	N	1	2	3	4	NA	0	1	2	3	4
39. Evaluate and promote healthy behaviors (e.g., nutrition, sleep/rest)	Y	N	1	2	3	4	NA	0	1	2	3	4
40. Assist client to develop achievable goals and plans to promote a healthy lifestyle	Y	N	1	2	3	4	NA	0	1	2	3	4
41. Recognize impact of illness/disease on individual/family lifestyle, environment, physical relationships, and multiple role responsibilities	Y	N	1	2	3	4	NA	0	1	2	3	4
42. Manage client's mental health needs	Y	N	1	2	3	4	NA	0	1	2	3	4
43. Provide support to clients coping with life changes (e.g., loss, new diagnosis)	Y	N	1	2	3	4	NA	0	1	2	3	4
44. Use therapeutic communication techniques to develop coping and problem-solving skills	Y	N	1	2	3	4	NA	0	1	2	3	4
45. Establish a therapeutic relationship with client	Y	N	1	2	3	4	NA	0	1	2	3	4
46. Perform focused health assessment/reassessment	Y	N	1	2	3	4	NA	0	1	2	3	4
47. Manage client with an alteration in elimination (e.g., bowel, renal, ostomy care)	Y	N	1	2	3	4	NA	0	1	2	3	4
48. Perform procedures using sterile versus clean technique	Y	N	1	2	3	4	NA	0	1	2	3	4
49. Incorporate alternative/complementary therapy into client's plan of care (e.g., massage, relaxation, music)	Y	N	1	2	3	4	NA	0	1	2	3	4
50. Assess pain/comfort level and intervene as appropriate	Y	N	1	2	3	4	NA	0	1	2	3	4
51. Manage client with an alteration in nutritional status (e.g., adjust diet, tube feedings, food preferences)	Y	N	1	2	3	4	NA	0	1	2	3	4
52. Assess and intervene in client's performance of activities of daily living (ADL) and instrumental activities of daily living (IADL)	Y	N	1	2	3	4	NA	0	1	2	3	4
53. Manage the client with impaired ventilation/oxygenation	Y	N	1	2	3	4	NA	0	1	2	3	4
54. Maintain desired temperature of client using external devices (e.g., cooling and/or warming blanket)	Y	N	1	2	3	4	NA	0	1	2	3	4
55. Manage wound care	Y	N	1	2	3	4	NA	0	1	2	3	4
56. Use technology to manage, access and process information	Y	N	1	2	3	4	NA	0	1	2	3	4
57. Perform emergency care procedures as appropriate (e.g., cardio-pulmonary resuscitation, respiratory support, automated external defibrillator)	Y	N	1	2	3	4	NA	0	1	2	3	4
58. Manage the care of pre-, peri- and postnatal client	Y	N	1	2	3	4	NA	0	1	2	3	4
59. Manage a client with an endocrine disorder	Y	N	1	2	3	4	NA	0	1	2	3	4
60. Evaluate appropriateness/accuracy of medication order	Y	N	1	2	3	4	NA	0	1	2	3	4
61. Prepare and administer medications (5 rights of medication administration)	Y	N	1	2	3	4	NA	0	1	2	3	4
62. Accurately calculate dosages for medication administration	Y	N	1	2	3	4	NA	0	1	2	3	4
63. Monitor and maintain infusion access devices, infusion site(s) and rate(s)	Y	N	1	2	3	4	NA	0	1	2	3	4
64. Comply with regulations governing controlled substances, (e.g., counting narcotics, wasting narcotics)	Y	N	1	2	3	4	NA	0	1	2	3	4
65. Evaluate therapeutic and potential adverse effect of medications	Y	N	1	2	3	4	NA	0	1	2	3	4
66. Administer intravenous (IV) medications	Y	N	1	2	3	4	NA	0	1	2	3	4
67. Evaluate the results of diagnostic testing and intervene as needed (e.g., lab, electrocardiogram)	Y	N	1	2	3	4	NA	0	1	2	3	4
68. Perform a risk assessment (e.g., sensory impairment, potential for falls, level of mobility, skin integrity) and implement interventions	Y	N	1	2	3	4	NA	0	1	2	3	4
69. Evaluate occupational/environmental exposures (e.g., lead, asbestos exposure)	Y	N	1	2	3	4	NA	0	1	2	3	4
70. Report unsafe practice of healthcare personnel to internal/external entities (e.g., emotional or physical impairment, substance abuse, improper care)	Y	N	1	2	3	4	NA	0	1	2	3	4
71. Communicate appropriate information succinctly in emergent situations	Y	N	1	2	3	4	NA	0	1	2	3	4
72. Implement safety precautions/protocols for identified risks (e.g., suicide, fall, infection)	Y	N	1	2	3	4	NA	0	1	2	3	4
73. Educate staff/students (e.g., in-service, orientation)	Y	N	1	2	3	4	NA	0	1	2	3	4
74. Assess client's readiness to learn, learning preferences and barriers to learning	Y	N	1	2	3	4	NA	0	1	2	3	4
75. Plan and provide comprehensive teaching to address the needs and concerns of clients	Y	N	1	2	3	4	NA	0	1	2	3	4
76. Assist client to identify reliable health information resources	Y	N	1	2	3	4	NA	0	1	2	3	4

SECTION 3: NURSING ACTIVITIES PERFORMED (continued)

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

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

Are there additional important activities performed by RNs in your work setting that were NOT listed on this survey?
○ No
○ Yes *(Please list any activity(ies) in the space provided):*_____

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SECTION 4: AWARDS AND COMMENTS

In order to be eligible to receive an award and to receive the certificate of recognition for your participation, we need your contact information.
Please provide the information in the space provided:

Name: _____   Mailing address: _____

E-mail address: _____   _____

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If we need more information to clarify the results of this study, we may call some persons. If you are willing to be contacted, please *provide your phone number in the space provided*

Daytime or Early Evening Phone Number with Area Code:

You may write any additional comments or suggestions that you have in the space below and on the next page.

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PLEASE DO NOT WRITE IN THIS AREA

SECTION 4: AWARDS AND COMMENTS (Continued)

You may write any additional comments or suggestions that you have in the space below.

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After you complete this form, please return it in the enclosed postage paid envelope.

Thank you for your assistance with this study!

APPENDIX G: ANNOUNCEMENT POSTCARDS

■ ■ ■ ■ ■ N C S B N
National Council of State Boards of Nursing

111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277
312.525.3600 NCSBN
866.293.9600 Toll-free
312.279.1036 NCLEX Examinations Department Fax

January 2006

Dear Colleague:

The National Council of State Boards of Nursing (NCSBN™) is conducting a nationwide research study on the practice characteristics and activities of experienced registered nurses (RNs). We are pleased to invite you to participate in this unique opportunity. Because you are an experienced RN, your feedback is essential to this study.

In about a week, you will receive a survey in the mail. It consists of questions regarding the activities which may be part of core RN practice. Because there are so many different types of practice and employment settings, your input is extremely important. **Even if you are not currently working/employed as an RN, please answer all questions that apply to you.** Your decision to participate is voluntary and your responses are completely confidential.

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

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

In order to be eligible to receive an award and to receive your letter of recognition for your participation, you will need to provide your contact information. If you have any questions, please contact NCLEX® information at 866-293-9600 (toll free) or email nclexinfo@ncsbn.org. Thank you in advance for your participation!

Sincerely,

NCLEX® Examinations Department
National Council of State Boards of Nursing

Cover Letter (Sent with Survey):

N C S B N
National Council of State Boards of Nursing

111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277
312.525.3600 NCSBN
866.293.9600 Toll-free
312.279.1036 NCLEX Examinations Department Fax

January 2006

Dear Colleague:

The National Council of State Boards of Nursing (NCSBN™) is conducting a nationwide research study on the practice characteristics and activities of experienced registered nurses (RNs). Because you are an experienced RN, your feedback is essential.

Your name was selected at random, by a process designed to obtain a representative sample of registered nurses from all parts of the United States and its territories. Your participation is critical to the outcome of the study. It is vital that we receive surveys describing the practices of nurses from all areas of the country and working in all types of settings. Please complete the enclosed survey as soon as possible -- preferably this week -- and return it in the enclosed postage-paid envelope. **Even if you are not currently working/employed as an RN, please answer all questions that apply to you**. If you wish to be entered into the drawing (noted below), you must also complete the last page of the survey.

Your decision to participate is voluntary. Individual responses will be kept completely confidential and only data that summarize groups of participants will be reported. Your responses will be combined with those from other participants and used to describe the practice of all registered nurses regardless of practice setting, specialty area and years of experience.

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

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

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

Sincerely,

NCLEX® Examinations Department
National Council of State Boards of Nursing

Postcard Reminder 1

■ ■ ■ ■ ■ NCSBN
National Council of State Boards of Nursing

111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277
312.525.3600 NCSBN
866.293.9600 Toll-free
312.279.1036 NCLEX Examinations Department Fax

Dear Colleague:

About a week ago, the National Council of State Boards of Nursing (NCSBN™) sent you a survey asking for information about your work experiences as an RN. **If you have already completed and returned the survey, please accept our sincere thanks and disregard this and any future reminders.**

If you have not had a chance to complete the survey, please do so as soon as possible. Only a small, representative sample of practicing RNs was selected for participation in this study. Your input is important if NCSBN is to accurately describe the practice of RNs. If you did not receive the survey or have misplaced it, please contact NCLEX® information at 866-293-9600 (toll free number) or email nclexinfo@ncsbn.org, and you will be sent a replacement survey.

NCLEX® Examinations Department
National Council of State Boards of Nursing

Postcard Reminder 2

■ ■ ■ ■ ■ NCSBN
National Council of State Boards of Nursing

111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277
312.525.3600 NCSBN
866.293.9600 Toll-free
312.279.1036 NCLEX Examinations Department Fax

Dear Colleague:

A few weeks ago, the National Council of State Boards of Nursing (NCSBN™) sent you a survey asking for information about your work experiences as an RN. **If you have already completed and returned the survey, please accept our sincere thanks and disregard this and any future reminders.**

Only a small, representative sample of practicing RNs was selected for participation in this study, therefore it is extremely important that you complete this survey. Return the survey no later than **February 20, 2006**. If you did not receive the survey or have misplaced it, please contact NCLEX® information at 866-293-9600 (toll free number) or email nclexinfo@ncsbn.org, and you will be sent a replacement survey.

NCLEX® Examinations Department
National Council of State Boards of Nursing

Postcard Reminder 3

■ ■ ■ ■ ■ NCSBN
National Council of State Boards of Nursing

111 E. Wacker Drive, Suite 2900
Chicago, IL 60601-4277
312.525.3600 NCSBN
866.293.9600 Toll-free
312.279.1036 NCLEX Examinations Department Fax

Dear Colleague:

A few weeks ago, the National Council of State Boards of Nursing (NCSBN™) sent you a survey asking for information about your work experiences as an RN. **If you have already completed and returned the survey, please accept our sincere thanks and disregard this and any future reminders.**

Only a small, representative sample of practicing RNs was selected for participation in this study, therefore it is extremely important that you complete this survey. Return the survey no later than **March 3, 2006**. If you did not receive the survey or have misplaced it, please contact NCLEX® information at 866-293-9600 (toll free number) or email nclexinfo@ncsbn.org, and you will be sent a replacement survey.

NCLEX® Examinations Department
National Council of State Boards of Nursing

APPENDIX H: ACTIVITY STATEMENTS SORTED BY CORE RATING

Appendix H. Activity Statements Sorted by Core Rating

Activity ID	Activity Statement	Mean
c.18	Manage the care of a pre-, peri- and postnatal client	0.42
2.70	Evaluate occupational/environmental exposures	0.42
1.49	Evaluate the outcomes of health promotion activities	0.46
c.13	Participate in community health outreach activities	0.48
1.45	Identify and manage environment for symptom clusters across clients	0.53
1.48	Network with providers for similar populations and communities, to promote quality care	0.55
1.47	Perform targeted screening for specific client populations	0.55
2.57	Incorporate alternative/complementary therapy into client's plan of care	0.58
1.68	Manage client receiving moderate/conscious sedation	0.59
2.61	Maintain desired temperature of client using external devices	0.62
1.67	Manage blood product administration	0.64
1.46	Identify client health risks based on assessment of population or community characteristics	0.67
c.12	Monitor and document adherence to health maintenance recommendations	0.68
c.7	Use standardized language in client care	0.69
2.29	Participate in the development/revision of policies and procedures	0.70
1.70	Insert intravenous access devices	0.72
2.58	Manage client with an alteration in nutritional status	0.73
2.55	Manage client with an alteration in elimination	0.73
2.59	Assess and intervene in client's performance of activities of daily living and instrumental activities of daily living	0.73
1.61	Monitor and maintain devices and equipment used for drainage	0.73
2.27	Manage conflict among clients/staff	0.74
2.68	Administer intravenous medications	0.74
2.64	Manage a client with an endocrine disorder	0.74
2.60	Manage the client with impaired ventilation/oxygenation	0.74
c.20	Monitor and maintain infusion access devices, infusion site and rate	0.74
c.14	Manage client's mental health needs	0.74
2.38	Implement principles of case management to address client needs	0.76
2.62	Manage wound care	0.76
1.58	Manage clients with alteration in hemodynamics, tissue perfusion and hemostasis	0.77
1.62	Identify causes of and manage inflammatory response	0.77
2.50	Assist client to develop achievable goals and plans to promote a healthy lifestyle	0.77
2.47	Participate in shared decision-making	0.78
1.59	Perform skin assessment and implement measures to prevent skin breakdown	0.78
2.36	Assess/triage client to prioritize the order of care delivery	0.79
1.66	Adjust/titrate dosage of medication based on assessment of specified physiologic parameters	0.79
c.10	Comply with federal/state/institutional policy regarding the use of client restraints and/or safety devices	0.79
2.67	Comply with regulations governing controlled substances	0.79
1.64	Manage client with alterations in neurologic function	0.79
2.46	Provide therapeutic milieu for clients	0.79

Appendix H. Activity Statements Sorted by Core Rating

Activity ID	Activity Statement	Mean
2.74	Educate staff/students	0.80
2.69	Evaluate the results of diagnostic testing and intervene as needed	0.80
2.76	Assist client to identify reliable health information resources	0.81
1.60	Perform point of care testing	0.81
1.63	Manage specimen collection	0.81
c.17	Perform emergency care procedures as appropriate	0.81
2.26	Supervise care provided by others as defined by the state nurse practice act	0.82
2.71	Report unsafe practice of health care personnel to internal/external entities	0.82
1.52	Assess family dynamics	0.82
1.54	Incorporate behavioral management techniques when caring for a client	0.83
c.22	Perform a risk assessment and implement interventions	0.83
2.56	Perform procedures using sterile versus clean technique	0.83
1.56	Manage client's hydration status	0.83
2.49	Evaluate and promote healthy behaviors	0.84
2.66	Accurately calculate dosages for medication administration	0.84
c.11	Provide information regarding healthy behaviors	0.84
2.30	Verify client is aware of rights and responsibilities	0.84
2.48	Provide anticipatory guidance based on client's individual risk assessment	0.85
c.5	Incorporate evidenced-based practice/research results when providing care	0.85
1.76	Assess client understanding of and ability to manage self care	0.85
1.57	Manage client with impaired mobility	0.85
c.15	Use therapeutic communication techniques to develop coping and problem-solving skills	0.85
1.39	Perform activities related to client admission, transfer or discharge	0.85
2.24	Make referrals and coordinate continuity of care between/among health care providers/agencies	0.86
1.42	Use ergonomic principles	0.86
2.75	Plan and provide comprehensive teaching to address the needs and concerns of clients	0.86
1.53	Assess and plan interventions that meet the client's cultural, emotional and spiritual needs	0.86
2.65	Prepare and administer medications	0.86
1.75	Evaluate and document client learning	0.86
1.41	Incorporate cost-consciousness and resource management in providing care	0.86
1.55	Perform comprehensive health assessment	0.87
2.37	Validate data from pertinent sources to evaluate client response to interventions (i.e., family, significant others)	0.87
2.51	Recognize impact of illness/disease on individual/family lifestyle, environment, physical relationships, and multiple role responsibilities	0.87
1.33	Assign or delegate aspects of care as defined by the state nurse practice act	0.87
2.52	Provide support to clients coping with life changes	0.87
2.73	Implement safety precautions/protocols for identified risks	0.87
1.71	Verify appropriateness and/or accuracy of a treatment order	0.87
c.3	Participate in performance/quality improvement	0.88
c.23	Assess client's readiness to learn, learning preferences and barriers to learning	0.88
1.50	Identify non-verbal cues to physical and/or psychological stressors,	0.88
1.43	Handle biohazardous materials according to regulatory guidelines	0.88

Appendix H. Activity Statements Sorted by Core Rating

Activity ID	Activity Statement	Mean
1.65	Review pertinent data prior to medication administration	0.88
1.40	Identify limitations within the health care delivery setting and respond	0.89
1.72	Identify and intervene in potentially life threatening situations	0.89
1.73	Verify proper identification according to guidelines	0.89
2.63	Use technology to manage, access and process information	0.90
c.19	Evaluate appropriateness/accuracy of medication order	0.90
2.54	Perform focused health assessment/reassessment	0.90
2.45	Protect client from injury	0.90
2.28	Recognize ethical dilemmas and take appropriate action	0.91
c.21	Evaluate therapeutic and potential adverse effect of medications	0.91
c.16	Assess pain/comfort level and intervene as appropriate	0.91
1.51	Address client's communication needs based on visual, auditory, or cognitive limitations/distortions	0.91
2.53	Establish a therapeutic relationship with client	0.91
1.74	Identify language and communication barriers and intervene	0.91
1.69	Respond appropriately to client experiencing side effects and reactions of medication	0.91
2.72	Communicate appropriate information succinctly in emergent situations	0.92
2.42	Provide appropriate and safe use of equipment in performing care	0.92
2.44	Comply with emergency/security plans	0.93
2.41	Identify client's allergies and intervene as needed	0.93
1.36	Recognize patterns in client assessments and intervene appropriately	0.93
2.35	Report error/event/occurrence per protocol	0.93
1.31	Comply with state and/or federal regulations for reportable conditions	0.94
c.6	Provide individualized/client-centered care	0.94
1.30	Use self-evaluation, peer evaluation, and feedback to modify and improve practice	0.94
1.34	Evaluate and document the client's response to interventions, changes in the client's condition and modify the plan of care as appropriate	0.94
2.25	Verify client understands and consents to care/procedures	0.94
1.44	Accommodate individuals with disability or limitations	0.94
2.39	Communicate client's status to appropriate health care provider	0.95
2.40	Anticipate the need for additional resources to implement interventions	0.95
1.26	Serve as a resource person or mentor to other staff	0.95
1.27	Encourage feedback from clients/staff and take action as appropriate	0.95
c.8	Provide care appropriate to client's age, physical, developmental, cognitive, cultural and psychosocial needs	0.95
c.4	Act as a client advocate	0.96
2.31	Participate in educational activities to maintain/improve professional knowledge and skills	0.96
1.35	Respect and accommodate clients' differences, beliefs, preferences, and expressed needs	0.96
2.34	Use standard nomenclature when documenting care	0.96
1.29	Use the nursing process as the basis of practice	0.96
1.25	Document nursing care consistent with guidelines	0.96
2.43	Apply principles of infection control	0.96
1.37	Value clients' differences, beliefs, preferences, and expressed needs	0.97
2.33	Provide care consistent with state nurse practice act, regulatory and accreditation requirements	0.97

Activity ID	Activity Statement	Mean
Appendix H. Activity Statements Sorted by Core Rating		
1.28	Respect and support co-workers	0.97
1.32	Function effectively as a team member	0.98
1.38	Demonstrate appropriate organizational skills	0.98
1.24	Recognize limitations of self/others and seek appropriate assistance	0.98
c.2	Use available information, technology, and resources to make informed decisions	0.98
c.1	Collaborate with other disciplines/professions	0.99
2.32	Maintain confidentiality/privacy	0.99
c.9	Use critical thinking skills to make decisions	0.99

APPENDIX I: ACTIVITY STATEMENTS SORTED BY PERCENT NOT PERFORMING

Activity ID	Activity Statement	% NA
Appendix I. Activity Statements Sorted by Percent Not Performing		
c.18	Manage the care of a pre-, peri- and postnatal client	72.59
2.70	Evaluate occupational/environmental exposures	63.64
1.45	Identify and manage environment for symptom clusters across clients	59.10
1.49	Evaluate the outcomes of health promotion activities	58.89
c.13	Participate in community health outreach activities	53.88
1.68	Manage client receiving moderate/conscious sedation	51.39
1.47	Perform targeted screening for specific client populations	50.97
1.48	Network with providers for similar populations and communities, to promote quality care	47.63
1.67	Manage blood product administration	46.84
2.61	Maintain desired temperature of client using external devices	46.84
2.57	Incorporate alternative/complementary therapy into client's plan of care	42.53
1.46	Identify client health risks based on assessment of population or community characteristics	39.41
c.12	Monitor and document adherence to health maintenance recommendations	37.14
1.61	Monitor and maintain devices and equipment used for drainage	35.54
1.7	Insert intravenous access devices	34.59
2.59	Assess and intervene in client's performance of activities of daily living and instrumental activities of daily living	34.06
2.55	Manage client with an alteration in elimination	33.80
2.68	Administer intravenous medications	33.31
2.58	Manage client with an alteration in nutritional status	33.14
c.20	Monitor and maintain infusion access devices, infusion site and rate	33.08
c.10	Comply with federal/state/institutional policy regarding the use of client restraints and/or safety devices	31.87
2.64	Manage a client with an endocrine disorder	31.86
2.60	Manage the client with impaired ventilation/oxygenation	31.78
c.7	Use standardized language in client care	31.18
1.58	Manage clients with alteration in hemodynamics, tissue perfusion and hemostasis	29.39
2.62	Manage wound care	29.03
1.59	Perform skin assessment and implement measures to prevent skin breakdown	28.94
1.66	Adjust/titrate dosage of medication based on assessment of specified physiologic parameters	28.68
c.14	Manage client's mental health needs	28.36
1.62	Identify causes of and manage inflammatory response	28.31
2.29	Participate in the development/revision of policies and procedures	28.15
2.67	Comply with regulations governing controlled substances	27.59
2.36	Assess/triage client to prioritize the order of care delivery	26.89
1.64	Manage client with alterations in neurologic function	26.81
2.38	Implement principles of case management to address client needs	25.91
c.17	Perform emergency care procedures as appropriate	25.45
2.50	Assist client to develop achievable goals and plans to promote a healthy lifestyle	24.60
2.71	Report unsafe practice of health care personnel to internal/external entities	24.41
2.46	Provide therapeutic milieu for clients	24.40

Appendix I. Activity Statements Sorted by Percent Not Performing		
Activity ID	Activity Statement	% NA
1.63	Manage specimen collection	23.97
2.69	Evaluate the results of diagnostic testing and intervene as needed	23.63
1.60	Perform point of care testing	23.12
2.47	Participate in shared decision-making	22.89
2.27	Manage conflict among clients/staff	22.84
2.56	Perform procedures using sterile versus clean technique	22.28
1.56	Manage client's hydration status	22.23
c.22	Perform a risk assessment and implement interventions	22.14
2.66	Accurately calculate dosages for medication administration	21.32
1.76	Assess client understanding of and ability to manage self care	20.56
2.76	Assist client to identify reliable health information resources	20.12
2.26	Supervise care provided by others as defined by the state nurse practice act	20.11
1.54	Incorporate behavioral management techniques when caring for a client	19.94
1.52	Assess family dynamics	19.56
2.65	Prepare and administer medications	19.10
2.74	Educate staff/students	18.95
1.57	Manage client with impaired mobility	18.89
2.48	Provide anticipatory guidance based on client's individual risk assessment	18.45
1.39	Perform activities related to client admission, transfer or discharge	18.08
c.11	Provide information regarding healthy behaviors	18.06
1.53	Assess and plan interventions that meet the client's cultural, emotional and spiritual needs	17.66
2.30	Verify client is aware of rights and responsibilities	17.56
1.55	Perform comprehensive health assessment	17.56
2.49	Evaluate and promote healthy behaviors	17.50
1.42	Use ergonomic principles	17.49
1.71	Verify appropriateness and/or accuracy of a treatment order	17.26
1.33	Assign or delegate aspects of care as defined by the state nurse practice act	17.00
1.75	Evaluate and document client learning	16.96
2.73	Implement safety precautions/protocols for identified risks	16.83
c.15	Use therapeutic communication techniques to develop coping and problem-solving skills	16.77
c.5	Incorporate evidenced-based practice/research results when providing care	16.59
1.65	Review pertinent data prior to medication administration	16.44
2.51	Recognize impact of illness/disease on individual/family lifestyle, environment, physical relationships, and multiple role responsibilities	15.81
2.52	Provide support to clients coping with life changes	15.73
2.75	Plan and provide comprehensive teaching to address the needs and concerns of clients	15.47
1.73	Verify proper identification according to guidelines	15.20
1.72	Identify and intervene in potentially life threatening situations	15.04
1.43	Handle biohazardous materials according to regulatory guidelines	14.80
2.37	Validate data from pertinent sources to evaluate client response to interventions (I.e., family, significant others	14.64
c.23	Assess client's readiness to learn, learning preferences and barriers to learning	14.42
2.24	Make referrals and coordinate continuity of care between/among health care providers/agencies	14.16

Appendix I. Activity Statements Sorted by Percent Not Performing		
Activity ID	Activity Statement	% NA
1.50	Identify non-verbal cues to physical and/or psychological stressors,	13.84
c.21	Evaluate therapeutic and potential adverse effect of medications	13.79
1.69	Respond appropriately to client experiencing side effects and reactions of medication	13.75
c.19	Evaluate appropriateness/accuracy of medication order	13.62
2.45	Protect client from injury	13.01
c.16	Assess pain/comfort level and intervene as appropriate	12.96
2.72	Communicate appropriate information succinctly in emergent situations	12.58
2.54	Perform focused health assessment/reassessment	12.06
1.31	Comply with state and/or federal regulations for reportable conditions	12.00
1.40	Identify limitations within the health care delivery setting and respond	11.64
1.41	Incorporate cost-consciousness and resource management in providing care	11.52
1.74	Identify language and communication barriers and intervene	11.38
1.51	Address client's communication needs based on visual, auditory, or cognitive limitations/distortions	11.02
c.3	Participate in performance/quality improvement	11.01
2.53	Establish a therapeutic relationship with client	10.85
2.28	Recognize ethical dilemmas and take appropriate action	10.81
2.41	Identify client's allergies and intervene as needed	10.43
2.35	Report error/event/occurrence per protocol	10.41
2.42	Provide appropriate and safe use of equipment in performing care	10.35
1.34	Evaluate and document the client's response to interventions, changes in the client's condition and modify the plan of care as appropriate	9.93
1.36	Recognize patterns in client assessments and intervene appropriately	9.48
2.44	Comply with emergency/security plans	9.48
1.44	Accommodate individuals with disability or limitations	9.21
2.63	Use technology to manage, access and process information	8.93
c.6	Provide individualized/client-centered care	8.60
2.25	Verify client understands and consents to care/procedures	8.22
2.39	Communicate client's status to appropriate health care provider	7.66
c.8	Provide care appropriate to client's age, physical, developmental, cognitive, cultural and psychosocial needs	7.50
1.30	Use self-evaluation, peer evaluation, and feedback to modify and improve practice	6.42
1.35	Respect and accommodate clients' differences, beliefs, preferences, and expressed needs	6.05
2.40	Anticipate the need for additional resources to implement interventions	5.45
1.25	Document nursing care consistent with guidelines	5.39
2.33	Provide care consistent with state nurse practice act, regulatory and accreditation requirements	5.18
2.34	Use standard nomenclature when documenting care	5.02
1.29	Use the nursing process as the basis of practice	4.97
1.37	Value clients' differences, beliefs, preferences, and expressed needs	4.87
2.43	Apply principles of infection control	4.80
c.4	Act as a client advocate	4.69
2.31	Participate in educational activities to maintain/improve professional knowledge and skills	4.30
1.27	Encourage feedback from clients/staff and take action as appropriate	3.50
1.24	Recognize limitations of self/others and seek appropriate assistance	2.78

Appendix I. Activity Statements Sorted by Percent Not Performing		
Activity ID	**Activity Statement**	**% NA**
1.26	Serve as a resource person or mentor to other staff	2.63
1.28	Respect and support co-workers	2.36
1.32	Function effectively as a team member	2.36
c.2	Use available information, technology, and resources to make informed decisions	1.72
1.38	Demonstrate appropriate organizational skills	1.60
c.1	Collaborate with other disciplines/professions	1.60
c.9	Use critical thinking skills to make decisions	1.40
2.32	Maintain confidentiality/privacy	1.10

APPENDIX J: ACTIVITY STATEMENTS SORTED BY MEAN FREQUENCY

Appendix J. Activity Statements Sorted by Mean Frequency		
Activity ID	Activity Statement	Mean Frequency
2.71	Report unsafe practice of health care personnel to internal/external entities	0.52
2.35	Report error/event/occurrence per protocol	0.65
2.29	Participate in the development/revision of policies and procedures	0.68
c.17	Perform emergency care procedures as appropriate	0.72
c.13	Participate in community health outreach activities	0.74
2.28	Recognize ethical dilemmas and take appropriate action	0.85
2.31	Participate in educational activities to maintain/improve professional knowledge and skills	1.00
2.70	Evaluate occupational/environmental exposures	1.05
1.45	Identify and manage environment for symptom clusters across clients	1.05
1.31	Comply with state and/or federal regulations for reportable conditions	1.10
2.72	Communicate appropriate information succinctly in emergent situations	1.13
2.44	Comply with emergency/security plans	1.19
1.48	Network with providers for similar populations and communities, to promote quality care	1.22
2.27	Manage conflict among clients/staff	1.22
1.67	Manage blood product administration	1.32
2.74	Educate staff/students	1.36
1.72	Identify and intervene in potentially life threatening situations	1.43
1.49	Evaluate the outcomes of health promotion activities	1.46
c.3	Participate in performance/quality improvement	1.62
2.57	Incorporate alternative/complementary therapy into client's plan of care	1.62
1.69	Respond appropriately to client experiencing side effects and reactions of medication	1.67
1.46	Identify client health risks based on assessment of population or community characteristics	1.71
2.76	Assist client to identify reliable health information resources	1.72
c.10	Comply with federal/state/institutional policy regarding the use of client restraints and/or safety devices	1.76
1.74	Identify language and communication barriers and intervene	1.77
1.68	Manage client receiving moderate/conscious sedation	1.82
2.64	Manage a client with an endocrine disorder	1.86
1.47	Perform targeted screening for specific client populations	1.87
2.61	Maintain desired temperature of client using external devices	1.87
c.18	Manage the care of a pre-, peri- and postnatal client	1.90
2.30	Verify client is aware of rights and responsibilities	1.91
2.52	Provide support to clients coping with life changes	1.97
2.73	Implement safety precautions/protocols for identified risks	1.98
1.30	Use self-evaluation, peer evaluation, and feedback to modify and improve practice	2.00
1.64	Manage client with alterations in neurologic function	2.01
c.14	Manage client's mental health needs	2.03
1.62	Identify causes of and manage inflammatory response	2.06
1.40	Identify limitations within the health care delivery setting and respond	2.08
2.62	Manage wound care	2.08

Appendix J. Activity Statements Sorted by Mean Frequency

Activity ID	Activity Statement	Mean Frequency
1.24	Recognize limitations of self/others and seek appropriate assistance	2.08
1.44	Accommodate individuals with disability or limitations	2.11
2.55	Manage client with an alteration in elimination	2.12
c.12	Monitor and document adherence to health maintenance recommendations	2.12
1.70	Insert intravenous access devices	2.17
2.24	Make referrals and coordinate continuity of care between/among health care providers/agencies	2.17
2.50	Assist client to develop achievable goals and plans to promote a healthy lifestyle	2.20
1.53	Assess and plan interventions that meet the client's cultural, emotional and spiritual needs	2.24
1.52	Assess family dynamics	2.25
2.47	Participate in shared decision-making	2.26
c.11	Provide information regarding healthy behaviors	2.28
1.54	Incorporate behavioral management techniques when caring for a client	2.31
2.48	Provide anticipatory guidance based on client's individual risk assessment	2.32
1.76	Assess client understanding of and ability to manage self care	2.34
2.56	Perform procedures using sterile versus clean technique	2.34
2.75	Plan and provide comprehensive teaching to address the needs and concerns of clients	2.36
2.51	Recognize impact of illness/disease on individual/family lifestyle, environment, physical relationships, and multiple role responsibilities	2.36
2.49	Evaluate and promote healthy behaviors	2.37
c.23	Assess client's readiness to learn, learning preferences and barriers to learning	2.38
2.58	Manage client with an alteration in nutritional status	2.38
1.50	Identify non-verbal cues to physical and/or psychological stressors,	2.38
2.38	Implement principles of case management to address client needs	2.40
c.15	Use therapeutic communication techniques to develop coping and problem-solving skills	2.40
1.60	Perform point of care testing	2.42
c.5	Incorporate evidenced-based practice/research results when providing care	2.43
1.63	Manage specimen collection	2.43
1.51	Address client's communication needs based on visual, auditory, or cognitive limitations/distortions	2.43
1.61	Monitor and maintain devices and equipment used for drainage	2.48
1.75	Evaluate and document client learning	2.49
2.59	Assess and intervene in client's performance of activities of daily living and instrumental activities of daily living	2.50
2.60	Manage the client with impaired ventilation/oxygenation	2.51
2.40	Anticipate the need for additional resources to implement interventions	2.53
c.7	Use standardized language in client care	2.57
2.69	Evaluate the results of diagnostic testing and intervene as needed	2.58
1.41	Incorporate cost-consciousness and resource management in providing care	2.59
c.22	Perform a risk assessment and implement interventions	2.59
2.37	Validate data from pertinent sources to evaluate client response to interventions (i.e., family, significant others)	2.60
1.57	Manage client with impaired mobility	2.61
1.43	Handle biohazardous materials according to regulatory guidelines	2.65
2.46	Provide therapeutic milieu for clients	2.65
1.39	Perform activities related to client admission, transfer or discharge	2.69

Activity ID	Activity Statement	Mean Frequency
Appendix J. Activity Statements Sorted by Mean Frequency		
1.71	Verify appropriateness and/or accuracy of a treatment order	2.69
1.66	Adjust/titrate dosage of medication based on assessment of specified physiologic parameters	2.70
1.55	Perform comprehensive health assessment	2.71
1.27	Encourage feedback from clients/staff and take action as appropriate	2.75
2.67	Comply with regulations governing controlled substances	2.76
1.42	Use ergonomic principles	2.78
2.66	Accurately calculate dosages for medication administration	2.81
1.58	Manage clients with alteration in hemodynamics, tissue perfusion and hemostasis	2.82
2.68	Administer intravenous medications	2.83
c.4	Act as a client advocate	2.83
2.41	Identify client's allergies and intervene as needed	2.88
1.33	Assign or delegate aspects of care as defined by the state nurse practice act	2.89
2.45	Protect client from injury	2.90
1.26	Serve as a resource person or mentor to other staff	2.90
2.39	Communicate client's status to appropriate health care provider	2.92
c.21	Evaluate therapeutic and potential adverse effect of medications	2.92
c.20	Monitor and maintain infusion access devices, infusion site and rate	2.95
2.36	Assess/triage client to prioritize the order of care delivery	2.97
1.59	Perform skin assessment and implement measures to prevent skin breakdown	2.97
2.25	Verify client understands and consents to care/procedures	2.97
1.35	Respect and accommodate clients' differences, beliefs, preferences, and expressed needs	2.98
1.36	Recognize patterns in client assessments and intervene appropriately	3.01
1.73	Verify proper identification according to guidelines	3.06
2.63	Use technology to manage, access and process information	3.08
2.26	Supervise care provided by others as defined by the state nurse practice act	3.08
2.53	Establish a therapeutic relationship with client	3.11
1.56	Manage client's hydration status	3.15
c.19	Evaluate appropriateness/accuracy of medication order	3.15
c.2	Use available information, technology, and resources to make informed decisions	3.17
c.1	Collaborate with other disciplines/professions	3.18
2.54	Perform focused health assessment/reassessment	3.19
1.65	Review pertinent data prior to medication administration	3.25
2.42	Provide appropriate and safe use of equipment in performing care	3.25
1.37	Value clients' differences, beliefs, preferences, and expressed needs	3.27
c.16	Assess pain/comfort level and intervene as appropriate	3.27
2.65	Prepare and administer medications	3.29
1.34	Evaluate and document the client's response to interventions, changes in the client's condition and modify the plan of care as appropriate	3.31
1.29	Use the nursing process as the basis of practice	3.33
c.8	Provide care appropriate to client's age, physical, developmental, cognitive, cultural and psychosocial needs	3.39
c.6	Provide individualized/client-centered care	3.44

Appendix J. Activity Statements Sorted by Mean Frequency		
Activity ID	**Activity Statement**	**Mean Frequency**
2.33	Provide care consistent with state nurse practice act, regulatory and accreditation requirements	3.53
1.25	Document nursing care consistent with guidelines	3.54
1.28	Respect and support co-workers	3.56
c.9	Use critical thinking skills to make decisions	3.59
1.38	Demonstrate appropriate organizational skills	3.62
2.34	Use standard nomenclature when documenting care	3.63
1.32	Function effectively as a team member	3.63
2.32	Maintain confidentiality/privacy	3.65
2.43	Apply principles of infection control	3.78

APPENDIX K: ACTIVITIES STATEMENTS SORTED BY MEAN IMPORTANCE

Appendix K. Activities Statements Sorted by Mean Importance		
Activity ID	**Activity Statement**	**Mean**
1.49	Evaluate the outcomes of health promotion activities	2.80
c.13	Participate in community health outreach activities	2.81
2.57	Incorporate alternative/complementary therapy into client's plan of care	2.82
1.48	Network with providers for similar populations and communities, to promote quality care	2.91
c.7	Use standardized language in client care	2.92
2.70	Evaluate occupational/environmental exposures	2.94
1.47	Perform targeted screening for specific client populations	3.00
c.18	Manage the care of a pre-, peri- and postnatal client	3.07
1.46	Identify client health risks based on assessment of population or community characteristics	3.10
2.29	Participate in the development/revision of policies and procedures	3.11
1.45	Identify and manage environment for symptom clusters across clients	3.12
c.12	Monitor and document adherence to health maintenance recommendations	3.19
2.27	Manage conflict among clients/staff	3.19
2.47	Participate in shared decision-making	3.20
2.61	Maintain desired temperature of client using external devices	3.20
2.50	Assist client to develop achievable goals and plans to promote a healthy lifestyle	3.21
1.41	Incorporate cost-consciousness and resource management in providing care	3.22
2.49	Evaluate and promote healthy behaviors	3.23
2.38	Implement principles of case management to address client needs	3.23
2.46	Provide therapeutic milieu for clients	3.23
2.76	Assist client to identify reliable health information resources	3.25
1.54	Incorporate behavioral management techniques when caring for a client	3.25
c.5	Incorporate evidenced-based practice/research results when providing care	3.26
c.3	Participate in performance/quality improvement	3.26
2.59	Assess and intervene in client's performance of activities of daily living and instrumental activities of daily living	3.27
2.55	Manage client with an alteration in elimination	3.28
c.14	Manage client's mental health needs	3.28
c.15	Use therapeutic communication techniques to develop coping and problem-solving skills	3.28
1.52	Assess family dynamics	3.29
1.50	Identify non-verbal cues to physical and/or psychological stressors	3.29
1.40	Identify limitations within the health care delivery setting and respond	3.29
1.53	Assess and plan interventions that meet the client's cultural, emotional and spiritual needs	3.29
2.48	Provide anticipatory guidance based on client's individual risk assessment	3.31
1.30	Use self-evaluation, peer evaluation, and feedback to modify and improve practice	3.32
2.64	Manage a client with an endocrine disorder	3.33
2.58	Manage client with an alteration in nutritional status	3.33
2.51	Recognize impact of illness/disease on individual/family lifestyle, environment, physical relationships, and multiple role responsibilities	3.33
1.62	Identify causes of and manage inflammatory response	3.35
c.11	Provide information regarding healthy behaviors	3.35
2.24	Make referrals and coordinate continuity of care between/among health care providers/agencies	3.35

Appendix K. Activities Statements Sorted by Mean Importance

Activity ID	Activity Statement	Mean
2.28	Recognize ethical dilemmas and take appropriate action	3.37
2.37	Validate data from pertinent sources to evaluate client response to interventions (I.e., family, significant others)	3.37
1.63	Manage specimen collection	3.37
2.74	Educate staff/students	3.39
2.63	Use technology to manage, access and process information	3.39
1.75	Evaluate and document client learning	3.39
2.30	Verify client is aware of rights and responsibilities	3.40
1.33	Assign or delegate aspects of care as defined by the state nurse practice act	3.40
2.75	Plan and provide comprehensive teaching to address the needs and concerns of clients	3.41
c.23	Assess client's readiness to learn, learning preferences and barriers to learning	3.41
2.26	Supervise care provided by others as defined by the state nurse practice act	3.41
1.39	Perform activities related to client admission, transfer or discharge	3.42
1.27	Encourage feedback from clients/staff and take action as appropriate	3.43
1.70	Insert intravenous access devices	3.43
1.68	Manage client receiving moderate/conscious sedation	3.43
1.64	Manage client with alterations in neurologic function	3.43
1.61	Monitor and maintain devices and equipment used for drainage	3.43
2.52	Provide support to clients coping with life changes	3.43
1.51	Address client's communication needs based on visual, auditory, or cognitive limitations/distortions	3.45
1.76	Assess client understanding of and ability to manage self care	3.45
1.26	Serve as a resource person or mentor to other staff	3.45
2.62	Manage wound care	3.45
1.57	Manage client with impaired mobility	3.46
1.42	Use ergonomic principles	3.46
2.36	Assess/triage client to prioritize the order of care delivery	3.46
1.60	Perform point of care testing	3.47
c.10	Comply with federal/state/institutional policy regarding the use of client restraints and/or safety devices	3.47
1.29	Use the nursing process as the basis of practice	3.48
1.67	Manage blood product administration	3.48
2.40	Anticipate the need for additional resources to implement interventions	3.49
1.74	Identify language and communication barriers and intervene	3.49
c.22	Perform a risk assessment and implement interventions	3.49
2.71	Report unsafe practice of health care personnel to internal/external entities	3.50
1.24	Recognize limitations of self/others and seek appropriate assistance	3.51
2.69	Evaluate the results of diagnostic testing and intervene as needed	3.51
2.31	Participate in educational activities to maintain/improve professional knowledge and skills	3.52
1.58	Manage clients with alteration in hemodynamics, tissue perfusion and hemostasis	3.53
1.55	Perform comprehensive health assessment	3.54
2.68	Administer intravenous medications	3.54
2.53	Establish a therapeutic relationship with client	3.54
2.34	Use standard nomenclature when documenting care	3.55
1.36	Recognize patterns in client assessments and intervene appropriately	3.56

Appendix K. Activities Statements Sorted by Mean Importance		
Activity ID	**Activity Statement**	**Mean**
1.59	Perform skin assessment and implement measures to prevent skin breakdown	3.56
2.60	Manage the client with impaired ventilation/oxygenation	3.56
1.31	Comply with state and/or federal regulations for reportable conditions	3.57
2.73	Implement safety precautions/protocols for identified risks	3.57
1.44	Accommodate individuals with disability or limitations	3.57
1.56	Manage client's hydration status	3.57
2.56	Perform procedures using sterile versus clean technique	3.59
c.20	Monitor and maintain infusion access devices, infusion site and rate	3.59
1.35	Respect and accommodate clients' differences, beliefs, preferences, and expressed needs	3.59
c.1	Collaborate with other disciplines/professions	3.60
1.71	Verify appropriateness and/or accuracy of a treatment order	3.60
c.2	Use available information, technology, and resources to make informed decisions	3.60
2.35	Report error/event/occurrence per protocol	3.61
2.44	Comply with emergency/security plans	3.61
1.37	Value clients' differences, beliefs, preferences, and expressed needs	3.62
2.54	Perform focused health assessment/reassessment	3.62
2.67	Comply with regulations governing controlled substances	3.63
1.43	Handle biohazardous materials according to regulatory guidelines	3.65
1.66	Adjust/titrate dosage of medication based on assessment of specified physiologic parameters	3.65
2.39	Communicate client's status to appropriate health care provider	3.66
1.38	Demonstrate appropriate organizational skills	3.66
c.8	Provide care appropriate to client's age, physical, developmental, cognitive, cultural and psychosocial needs	3.67
c.6	Provide individualized/client-centered care	3.68
c.4	Act as a client advocate	3.68
c.16	Assess pain/comfort level and intervene as appropriate	3.68
2.72	Communicate appropriate information succinctly in emergent situations	3.68
c.17	Perform emergency care procedures as appropriate	3.68
2.45	Protect client from injury	3.69
2.25	Verify client understands and consents to care/procedures	3.70
1.34	Evaluate and document the client's response to interventions, changes in the client's condition and modify the plan of care as appropriate	3.70
2.42	Provide appropriate and safe use of equipment in performing care	3.70
c.21	Evaluate therapeutic and potential adverse effect of medications	3.71
1.25	Document nursing care consistent with guidelines	3.72
1.73	Verify proper identification according to guidelines	3.72
2.41	Identify client's allergies and intervene as needed	3.74
2.33	Provide care consistent with state nurse practice act, regulatory and accreditation requirements	3.74
1.28	Respect and support co-workers	3.74
1.69	Respond appropriately to client experiencing side effects and reactions of medication	3.74
1.32	Function effectively as a team member	3.75
1.72	Identify and intervene in potentially life threatening situations	3.75
c.19	Evaluate appropriateness/accuracy of medication order	3.76

Appendix K. Activities Statements Sorted by Mean Importance

Activity ID	Activity Statement	Mean
1.65	Review pertinent data prior to medication administration	3.76
2.66	Accurately calculate dosages for medication administration	3.77
2.65	Prepare and administer medications	3.78
c.9	Use critical thinking skills to make decisions	3.80
2.32	Maintain confidentiality/privacy	3.87
2.43	Apply principles of infection control	3.87

APPENDIX L: ACTIVITY STATEMENTS MEAN IMPORTANCE BY FACILITY SUBGROUP

		B/I	C/U	CB/AC	HH	HOS	LTCF	PHD	OTH
ID	Activity Statement	Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean
c.1	Collaborate with other disciplines/professions	3.46	3.57	3.51	3.63	3.64	3.53	3.60	3.58
c.2	Use available information, technology, and resources to make informed decisions	3.57	3.64	3.49	3.54	3.66	3.50	3.58	3.53
c.3	Participate in performance/quality improvement	3.23	3.22	3.15	3.23	3.30	3.32	3.38	3.18
c.4	Act as a client advocate	3.45	3.67	3.59	3.63	3.72	3.68	3.65	3.60
c.5	Incorporate evidenced-based practice/research results when providing care	3.21	3.40	3.14	3.14	3.31	3.16	3.25	3.14
c.6	Provide individualized/client-centered care	3.41	3.58	3.63	3.74	3.72	3.64	3.61	3.54
c.7	Use standardized language in client care	2.75	2.80	2.70	2.81	3.02	2.97	2.83	2.76
c.8	Provide care appropriate to client's age, physical, developmental, cognitive, cultural and psychosocial needs	3.34	3.60	3.67	3.64	3.71	3.62	3.67	3.55
c.9	Use critical thinking skills to make decisions	3.70	3.79	3.73	3.72	3.84	3.74	3.78	3.73
c.10	Comply with federal/state/institutional policy regarding the use of client restraints and/or safety devices	2.86	3.46	3.15	3.28	3.59	3.76	3.12	3.19
c.11	Provide information regarding healthy behaviors	3.12	3.41	3.48	3.23	3.38	3.07	3.69	3.20
c.12	Monitor and document adherence to health maintenance recommendations	2.99	3.17	3.39	3.09	3.17	3.13	3.54	3.15
c.13	Participate in community health outreach activities	2.72	2.89	2.82	2.86	2.83	2.54	3.37	2.65
c.14	Manage client's mental health needs	3.02	3.29	3.29	3.20	3.30	3.41	3.31	3.19
c.15	Use therapeutic communication techniques to develop coping and problem-solving skills	3.04	3.37	3.22	3.27	3.31	3.26	3.34	3.20
c.16	Assess pain/comfort level and intervene as appropriate	3.18	3.62	3.42	3.66	3.79	3.78	3.36	3.43
c.17	Perform emergency care procedures as appropriate	3.24	3.63	3.59	3.32	3.81	3.65	3.50	3.38
c.18	Manage the care of a pre-, peri- and postnatal client	2.67	3.00	2.92	2.83	3.22	2.76	3.39	2.66
c.19	Evaluate appropriateness/accuracy of medication order	3.26	3.72	3.68	3.74	3.83	3.76	3.72	3.55
c.20	Monitor and maintain infusion access devices, infusion site and rate	2.94	3.59	3.21	3.47	3.75	3.59	3.25	3.14
c.21	Evaluate therapeutic and potential adverse effect of medications	3.37	3.65	3.62	3.67	3.77	3.68	3.68	3.51
c.22	Perform a risk assessment and implement interventions	2.91	3.50	3.20	3.58	3.58	3.64	3.37	3.21
c.23	Assess client's readiness to learn, learning preferences and barriers to learning	2.98	3.38	3.29	3.50	3.48	3.26	3.53	3.25
1.24	Recognize limitations of self/others and seek appropriate assistance	3.33	3.65	3.48	3.40	3.57	3.35	3.46	3.41
1.25	Document nursing care consistent with guidelines	3.53	3.75	3.67	3.78	3.73	3.78	3.81	3.68
1.26	Serve as a resource person or mentor to other staff	3.33	3.40	3.35	3.25	3.50	3.50	3.41	3.42
1.27	Encourage feedback from clients/staff and take action as appropriate	3.59	3.41	3.26	3.47	3.46	3.47	3.42	3.34
1.28	Respect and support co-workers	3.62	3.73	3.71	3.65	3.77	3.72	3.79	3.70
1.29	Use the nursing process as the basis of practice	3.26	3.45	3.39	3.54	3.50	3.55	3.59	3.43
1.30	Use self-evaluation, peer evaluation, and feedback to modify and improve practice	3.17	3.50	3.20	3.29	3.35	3.31	3.29	3.30

Appendix L. Activity Statements Mean Importance by Facility Subgroup

ID	Activity Statement	B/I Mean	C/U Mean	CB/AC Mean	HH Mean	HOS Mean	LTCF Mean	PHD Mean	OTH Mean
1.31	Comply with state and/or federal regulations for reportable conditions	3.30	3.41	3.56	3.59	3.58	3.64	3.71	3.58
1.32	Function effectively as a team member	3.53	3.75	3.67	3.63	3.80	3.73	3.71	3.69
1.33	Assign or delegate aspects of care as defined by the state nurse practice act	2.93	3.39	3.23	3.20	3.47	3.58	3.24	3.27
1.34	Evaluate and document the client's response to interventions, changes in the client's condition and modify the plan of care as appropriate	3.55	3.61	3.51	3.76	3.76	3.71	3.80	3.56
1.35	Respect and accommodate clients' differences, beliefs, preferences, and expressed needs	3.43	3.59	3.50	3.62	3.62	3.57	3.69	3.57
1.36	Recognize patterns in client assessments and intervene appropriately	3.38	3.54	3.43	3.56	3.61	3.58	3.39	3.42
1.37	Value clients' differences, beliefs, preferences, and expressed needs	3.50	3.51	3.55	3.71	3.64	3.61	3.67	3.55
1.38	Demonstrate appropriate organizational skills	3.71	3.54	3.58	3.66	3.70	3.61	3.73	3.59
1.39	Perform activities related to client admission, transfer or discharge	3.04	3.21	3.02	3.47	3.57	3.43	3.13	3.15
1.40	Identify limitations within the health care delivery setting and respond	3.30	3.13	3.17	3.27	3.33	3.34	3.23	3.26
1.41	Incorporate cost-consciousness and resource management in providing care	3.40	3.15	3.09	3.35	3.23	3.17	3.53	3.25
1.42	Use ergonomic principles	3.13	3.49	3.20	3.38	3.56	3.62	3.06	3.23
1.43	Handle biohazardous materials according to regulatory guidelines	3.30	3.58	3.50	3.56	3.70	3.75	3.64	3.62
1.44	Accommodate individuals with disability or limitations	3.30	3.39	3.48	3.55	3.61	3.64	3.50	3.49
1.45	Identify and manage environment for symptom clusters across clients	2.75	2.88	3.05	2.81	3.19	3.32	3.70	2.89
1.46	Identify client health risks based on assessment of population or community characteristics	2.89	3.10	2.99	3.04	3.14	3.04	3.55	3.04
1.47	Perform targeted screening for specific client populations	2.91	3.12	3.09	2.66	3.03	2.89	3.06	2.94
1.48	Network with providers for similar populations and communities, to promote quality care	2.78	2.90	2.96	2.97	2.92	2.87	3.21	2.81
1.49	Evaluate the outcomes of health promotion activities	2.85	2.78	2.69	2.69	2.84	2.79	3.03	2.72
1.50	Identify non-verbal cues to physical and/or psychological stressors,	3.12	3.29	3.16	3.14	3.33	3.40	3.31	3.28
1.51	Address client's communication needs based on visual, auditory, or cognitive limitations/distortions	3.08	3.36	3.32	3.39	3.50	3.50	3.38	3.41
1.52	Assess family dynamics	2.94	3.30	3.13	3.35	3.33	3.27	3.46	3.31
1.53	Assess and plan interventions that meet the client's cultural, emotional and spiritual needs	2.88	3.31	3.11	3.32	3.34	3.35	3.15	3.27
1.54	Incorporate behavioral management techniques when caring for a client	3.12	3.13	3.18	3.11	3.28	3.36	3.24	3.22
1.55	Perform comprehensive health assessment	3.18	3.51	3.43	3.60	3.59	3.54	3.41	3.44
1.56	Manage client's hydration status	3.18	3.53	3.24	3.51	3.69	3.70	3.38	3.33
1.57	Manage client with impaired mobility	3.04	3.44	3.24	3.45	3.53	3.63	3.23	3.32
1.58	Manage clients with alteration in hemodynamics, tissue perfusion and hemostasis	3.18	3.53	3.16	3.39	3.68	3.55	3.31	3.18

ID	Activity Statement	B/I Mean	C/U Mean	CB/AC Mean	HH Mean	HOS Mean	LTCF Mean	PHD Mean	OTH Mean
	Appendix L. Activity Statements Mean Importance by Facility Subgroup								
1.59	Perform skin assessment and implement measures to prevent skin breakdown	3.10	3.58	3.20	3.60	3.64	3.85	3.39	3.29
1.60	Perform point of care testing	2.90	3.32	3.23	3.16	3.59	3.70	3.44	3.19
1.61	Monitor and maintain devices and equipment used for drainage	3.05	3.42	3.09	3.35	3.56	3.50	3.33	2.91
1.62	Identify causes of and manage inflammatory response	2.98	3.34	3.13	3.20	3.45	3.44	3.38	3.02
1.63	Manage specimen collection	2.95	3.32	3.06	3.21	3.50	3.40	3.32	3.08
1.64	Manage client with alterations in neurologic function	3.09	3.40	3.16	3.31	3.53	3.50	3.34	3.15
1.65	Review pertinent data prior to medication administration	3.49	3.68	3.67	3.60	3.85	3.77	3.74	3.52
1.66	Adjust/titrate dosage of medication based on assessment of specified physiologic parameters	3.17	3.61	3.41	3.40	3.77	3.75	3.53	3.44
1.67	Manage blood product administration	3.05	3.54	3.10	2.81	3.71	3.07	3.44	2.94
1.68	Manage client receiving moderate/conscious sedation	2.95	3.30	3.13	2.93	3.63	3.24	3.38	2.90
1.69	Respond appropriately to client experiencing side effects and reactions of medication	3.37	3.69	3.66	3.62	3.82	3.69	3.63	3.57
1.70	Insert intravenous access devices	2.88	3.32	3.06	3.10	3.60	3.36	3.32	3.07
1.71	Verify appropriateness and/or accuracy of a treatment order	3.35	3.65	3.41	3.57	3.67	3.59	3.53	3.40
1.72	Identify and intervene in potentially life threatening situations	3.59	3.77	3.66	3.53	3.82	3.76	3.59	3.57
1.73	Verify proper identification according to guidelines	3.52	3.67	3.54	3.45	3.82	3.70	3.60	3.54
1.74	Identify language and communication barriers and intervene	3.32	3.38	3.31	3.37	3.58	3.42	3.53	3.30
1.75	Evaluate and document client learning	3.16	3.42	3.22	3.53	3.45	3.22	3.44	3.20
1.76	Assess client understanding of and ability to manage self care	3.24	3.32	3.29	3.55	3.49	3.39	3.56	3.41
2.24	Make referrals and coordinate continuity of care between/among health care providers/agencies	3.22	3.32	3.39	3.54	3.35	3.31	3.48	3.30
2.25	Verify client understands and consents to care/procedures	3.30	3.66	3.62	3.64	3.79	3.49	3.71	3.50
2.26	Supervise care provided by others as defined by the state nurse practice act	2.61	3.49	3.24	3.45	3.50	3.72	3.24	3.12
2.27	Manage conflict among clients/staff	2.80	3.09	3.08	3.09	3.27	3.37	2.89	2.99
2.28	Recognize ethical dilemmas and take appropriate action	3.19	3.30	3.30	3.38	3.43	3.37	3.24	3.18
2.29	Participate in the development/revision of policies and procedures	2.98	3.27	3.13	2.99	3.13	3.13	3.11	3.01
2.30	Verify client is aware of rights and responsibilities	2.98	3.33	3.19	3.54	3.47	3.47	3.40	3.17
2.31	Participate in educational activities to maintain/improve professional knowledge and skills	3.51	3.66	3.49	3.42	3.54	3.46	3.59	3.42
2.32	Maintain confidentiality/privacy	3.91	3.83	3.83	3.77	3.89	3.79	3.85	3.88
2.33	Provide care consistent with state nurse practice act, regulatory and accreditation requirements	3.56	3.75	3.74	3.74	3.75	3.79	3.80	3.64
2.34	Use standard nomenclature when documenting care	3.35	3.50	3.40	3.52	3.62	3.56	3.43	3.34
2.35	Report error/event/occurrence per protocol	3.21	3.61	3.60	3.60	3.65	3.72	3.46	3.40
2.36	Assess/triage client to prioritize the order of care delivery	2.89	3.34	3.45	3.41	3.56	3.41	3.80	3.28

Appendix L. Activity Statements Mean Importance by Facility Subgroup

ID	Activity Statement	B/I Mean	C/U Mean	CB/AC Mean	HH Mean	HOS Mean	LTCF Mean	PHD Mean	OTH Mean
2.37	Validate data from pertinent sources to evaluate client response to interventions (i.e., family, significant others)	2.93	3.17	3.23	3.45	3.44	3.44	3.32	3.19
2.38	Implement principles of case management to address client needs	3.24	3.11	3.10	3.46	3.26	3.09	3.43	3.09
2.39	Communicate client's status to appropriate health care provider	3.39	3.59	3.63	3.69	3.72	3.69	3.53	3.43
2.40	Anticipate the need for additional resources to implement interventions	3.32	3.32	3.36	3.45	3.55	3.25	3.55	3.53
2.41	Identify client's allergies and intervene as needed	3.10	3.61	3.75	3.71	3.81	3.69	3.56	3.53
2.42	Provide appropriate and safe use of equipment in performing care	3.08	3.68	3.61	3.73	3.79	3.74	3.68	3.47
2.43	Apply principles of infection control	3.40	3.85	3.86	3.87	3.92	3.96	3.85	3.67
2.44	Comply with emergency/security plans	3.17	3.55	3.47	3.43	3.71	3.66	3.64	3.35
2.45	Protect client from injury	2.89	3.63	3.56	3.69	3.79	3.83	3.51	3.30
2.46	Provide therapeutic milieu for clients	2.52	3.25	3.12	3.17	3.32	3.32	2.91	2.99
2.47	Participate in shared decision-making	2.80	2.95	3.06	3.18	3.30	3.30	2.97	2.85
2.48	Provide anticipatory guidance based on client's individual risk assessment	2.69	3.12	3.20	3.28	3.40	3.33	3.49	3.03
2.49	Evaluate and promote healthy behaviors	3.13	3.28	3.34	3.25	3.22	3.17	3.44	3.13
2.50	Assist client to develop achievable goals and plans to promote a healthy lifestyle	3.14	3.25	3.28	3.27	3.22	3.11	3.53	3.03
2.51	Recognize impact of illness/disease on individual/family lifestyle, environment, physical relationships, and multiple role responsibilities	3.15	3.40	3.30	3.44	3.35	3.33	3.36	3.21
2.52	Provide support to clients coping with life changes	2.94	3.47	3.35	3.48	3.50	3.50	3.26	3.13
2.53	Establish a therapeutic relationship with client	3.13	3.58	3.60	3.51	3.57	3.49	3.56	3.46
2.54	Perform focused health assessment/reassessment	3.21	3.65	3.63	3.64	3.67	3.64	3.66	3.34
2.55	Manage client with an alteration in elimination	2.64	3.25	2.97	3.53	3.38	3.55	2.63	2.93
2.56	Perform procedures using sterile versus clean technique	3.05	3.46	3.43	3.56	3.72	3.56	3.38	3.13
2.57	Incorporate alternative/complementary therapy into client's plan of care	2.45	2.87	2.75	2.74	2.88	3.04	2.58	2.46
2.58	Manage client with an alteration in nutritional status	2.58	3.47	3.09	3.48	3.44	3.64	2.88	2.93
2.59	Assess and intervene in client's performance of activities of daily living and instrumental activities of daily living	2.78	3.31	3.01	3.47	3.34	3.51	3.00	2.98
2.60	Manage the client with impaired ventilation/oxygenation	2.91	3.49	3.24	3.57	3.72	3.60	3.07	3.16
2.61	Maintain desired temperature of client using external devices	2.44	3.06	2.85	2.92	3.43	2.89	2.78	2.75
2.62	Manage wound care	2.83	3.38	3.22	3.67	3.54	3.62	3.28	3.09
2.63	Use technology to manage, access and process information	3.44	3.37	3.29	3.18	3.44	3.31	3.35	3.39
2.64	Manage a client with an endocrine disorder	2.64	3.22	3.18	3.37	3.45	3.31	2.97	3.06
2.65	Prepare and administer medications	2.89	3.79	3.70	3.71	3.89	3.82	3.71	3.39
2.66	Accurately calculate dosages for medication administration	2.95	3.79	3.69	3.69	3.87	3.77	3.74	3.42
2.67	Comply with regulations governing controlled substances	2.74	3.62	3.40	3.57	3.76	3.73	3.35	3.20

		B/I	C/U	CB/AC	HH	HOS	LTCF	PHD	OTH
Appendix L. Activity Statements Mean Importance by Facility Subgroup									
ID	Activity Statement	Mean	Mean	Mean	Mean	Mean	Mean	Mean	Mean
2.68	Administer intravenous medications	2.67	3.56	3.14	3.49	3.72	3.58	3.35	3.06
2.69	Evaluate the results of diagnostic testing and intervene as needed	2.76	3.44	3.22	3.29	3.67	3.49	3.40	3.24
2.70	Evaluate occupational/environmental exposures	2.82	3.00	2.77	2.71	3.02	2.92	3.19	2.68
2.71	Report unsafe practice of health care personnel to internal/external entities	3.02	3.55	3.34	3.40	3.58	3.62	3.31	3.33
2.72	Communicate appropriate information succinctly in emergent situations	3.04	3.56	3.63	3.47	3.78	3.71	3.42	3.53
2.73	Implement safety precautions/protocols for identified risks	2.83	3.56	3.41	3.54	3.66	3.65	3.60	3.28
2.74	Educate staff/students	3.02	3.48	3.30	3.28	3.44	3.48	3.39	3.18
2.75	Plan and provide comprehensive teaching to address the needs and concerns of clients	2.85	3.42	3.38	3.50	3.47	3.31	3.54	3.12
2.76	Assist client to identify reliable health information resources	3.10	3.22	3.27	3.22	3.29	3.15	3.41	2.99

APPENDIX M: ACTIVITY STATEMENTS MEAN IMPORTANCE BY SPECIALTY SUBGROUPS

Appendix M. Activity Statements Mean Importance by Specialty Subgroups

ID	Activity Statement	1 Mean	2 Mean	3 Mean	4 Mean	5 Mean	6 Mean	7 Mean	8 Mean	9 Mean	10 Mean	11 Mean	12 Mean	13 Mean
c.1	Collaborate with other disciplines/professions	3.50	3.71	3.66	3.56	3.51	3.82	3.48	3.62	3.51	3.61	3.68	3.68	3.61
c.2	Use available information, technology, and resources to make informed decisions	3.53	3.57	3.68	3.67	3.51	3.63	3.62	3.66	3.55	3.50	3.39	3.57	3.63
c.3	Participate in performance/quality improvement	3.16	3.31	3.24	3.32	3.31	3.27	3.26	3.34	3.16	3.06	3.24	3.22	3.29
c.4	Act as a client advocate	3.64	3.67	3.76	3.59	3.66	3.76	3.71	3.71	3.68	3.66	3.64	3.72	3.62
c.5	Incorporate evidenced-based practice/research results when providing care	3.19	3.18	3.30	3.43	3.18	3.08	3.30	3.26	3.20	3.39	3.02	3.23	3.29
c.6	Provide individualized/client-centered care	3.63	3.67	3.72	3.49	3.60	3.79	3.77	3.72	3.71	3.65	3.77	3.78	3.63
c.7	Use standardized language in client care	2.74	2.64	3.01	2.86	2.86	2.83	3.13	3.13	2.97	2.70	2.82	3.07	2.87
c.8	Provide care appropriate to client's age, physical, developmental, cognitive, cultural and psychosocial needs	3.64	3.63	3.71	3.57	3.64	3.73	3.64	3.73	3.84	3.76	3.76	3.84	3.59
c.9	Use critical thinking skills to make decisions	3.73	3.79	3.86	3.79	3.74	3.81	3.85	3.81	3.82	3.78	3.70	3.90	3.79
c.10	Comply with federal/state/institutional policy regarding the use of client restraints and/or safety devices	3.18	3.12	3.60	3.46	3.61	3.28	3.40	3.70	3.49	3.26	3.62	3.76	3.34
c.11	Provide information regarding healthy behaviors	3.47	3.27	3.32	3.40	3.14	2.80	3.47	3.41	3.51	3.01	3.40	3.40	3.36
c.12	Monitor and document adherence to health maintenance recommendations	3.37	3.19	3.05	3.18	3.19	2.52	3.31	3.21	3.47	3.16	3.19	3.17	3.18
c.13	Participate in community health outreach activities	2.89	2.81	2.74	2.90	2.63	2.70	2.89	2.86	2.75	2.48	2.70	2.81	2.87
c.14	Manage client's mental health needs	3.22	3.10	3.27	3.29	3.34	3.39	3.29	3.36	3.26	2.91	3.89	3.38	3.20
c.15	Use therapeutic communication techniques to develop coping and problem-solving skills	3.24	3.21	3.26	3.46	3.24	3.49	3.26	3.33	3.29	3.01	3.66	3.41	3.24
c.16	Assess pain/comfort level and intervene as appropriate	3.49	3.33	3.81	3.62	3.70	3.88	3.79	3.85	3.63	3.77	3.39	3.91	3.61
c.17	Perform emergency care procedures as appropriate	3.61	3.15	3.90	3.64	3.61	2.47	3.79	3.82	3.71	3.84	3.43	3.78	3.64
c.18	Manage the care of a pre-, peri- and postnatal client	2.89	2.83	3.20	3.13	2.82	2.32	3.78	3.17	3.05	3.02	2.50	2.87	3.08
c.19	Evaluate appropriateness/accuracy of medication order	3.68	3.39	3.86	3.63	3.70	3.72	3.85	3.87	3.83	3.89	3.68	3.97	3.71
c.20	Monitor and maintain infusion access devices, infusion site and rate	3.32	3.07	3.80	3.57	3.55	3.26	3.75	3.83	3.57	3.85	2.75	3.81	3.54
c.21	Evaluate therapeutic and potential adverse effect of medications	3.65	3.37	3.82	3.57	3.66	3.73	3.75	3.78	3.77	3.83	3.72	3.81	3.65
c.22	Perform a risk assessment and implement interventions	3.23	3.27	3.61	3.55	3.55	3.58	3.49	3.75	3.44	3.36	3.30	3.80	3.38
c.23	Assess client's readiness to learn, learning preferences and barriers to learning	3.34	3.31	3.42	3.44	3.27	3.44	3.54	3.59	3.47	3.19	3.41	3.54	3.37

Appendix M. Activity Statements Mean Importance by Specialty Subgroups

ID	Activity Statement	1 Mean	2 Mean	3 Mean	4 Mean	5 Mean	6 Mean	7 Mean	8 Mean	9 Mean	10 Mean	11 Mean	12 Mean	13 Mean
1.24	Recognize limitations of self/others and seek appropriate assistance	3.41	3.33	3.60	3.76	3.39	3.35	3.57	3.60	3.49	3.67	3.53	3.42	3.48
1.25	Document nursing care consistent with guidelines	3.67	3.65	3.73	3.69	3.79	3.79	3.79	3.75	3.77	3.69	3.73	3.73	3.70
1.26	Serve as a resource person or mentor to other staff	3.37	3.34	3.53	3.63	3.46	3.50	3.48	3.48	3.39	3.26	3.38	3.31	3.41
1.27	Encourage feedback from clients/staff and take action as appropriate	3.23	3.45	3.41	3.48	3.47	3.64	3.50	3.51	3.43	3.10	3.48	3.41	3.42
1.28	Respect and support co-workers	3.71	3.61	3.77	3.70	3.71	3.80	3.73	3.76	3.77	3.74	3.75	3.78	3.74
1.29	Use the nursing process as the basis of practice	3.41	3.47	3.43	3.45	3.56	3.64	3.54	3.60	3.47	3.44	3.54	3.56	3.44
1.30	Use self-evaluation, peer evaluation, and feedback to modify and improve practice	3.20	3.25	3.35	3.65	3.32	3.56	3.34	3.33	3.37	3.13	3.37	3.31	3.28
1.31	Comply with state and/or federal regulations for reportable conditions	3.61	3.39	3.56	3.58	3.62	3.55	3.64	3.59	3.77	3.33	3.67	3.53	3.54
1.32	Function effectively as a team member	3.62	3.68	3.81	3.76	3.71	3.86	3.76	3.80	3.71	3.74	3.81	3.81	3.73
1.33	Assign or delegate aspects of care as defined by the state nurse practice act	3.26	3.01	3.44	3.56	3.52	3.41	3.47	3.56	3.38	3.13	3.36	3.59	3.35
1.34	Evaluate and document the client's response to interventions, changes in the client's condition and modify the plan of care as appropriate	3.54	3.66	3.76	3.71	3.71	3.76	3.72	3.77	3.67	3.69	3.69	3.88	3.67
1.35	Respect and accommodate clients' differences, beliefs, preferences, and expressed needs	3.50	3.53	3.58	3.59	3.56	3.77	3.67	3.65	3.68	3.23	3.68	3.76	3.59
1.36	Recognize patterns in client assessments and intervene appropriately	3.42	3.44	3.61	3.68	3.57	3.49	3.63	3.69	3.44	3.61	3.66	3.77	3.49
1.37	Value clients' differences, beliefs, preferences, and expressed needs	3.56	3.59	3.59	3.64	3.62	3.77	3.64	3.72	3.65	3.21	3.68	3.73	3.60
1.38	Demonstrate appropriate organizational skills	3.61	3.68	3.71	3.67	3.62	3.70	3.74	3.70	3.61	3.53	3.61	3.70	3.63
1.39	Perform activities related to client admission, transfer or discharge	3.08	3.37	3.54	3.32	3.38	3.47	3.55	3.64	3.34	3.45	3.52	3.59	3.34
1.40	Identify limitations within the health care delivery setting and respond	3.19	3.41	3.30	3.24	3.29	3.42	3.29	3.39	3.32	2.95	3.32	3.33	3.28
1.41	Incorporate cost-consciousness and resource management in providing care	3.14	3.56	3.19	3.26	3.15	3.55	3.21	3.30	3.04	2.97	3.15	3.13	3.23
1.42	Use ergonomic principles	3.18	2.97	3.66	3.61	3.49	3.41	3.47	3.67	3.43	3.11	3.31	3.85	3.36
1.43	Handle biohazardous materials according to regulatory guidelines	3.55	3.16	3.75	3.64	3.68	3.59	3.69	3.76	3.73	3.58	3.50	3.75	3.62

Appendix M. Activity Statements Mean Importance by Specialty Subgroups

ID	Activity Statement	1 Mean	2 Mean	3 Mean	4 Mean	5 Mean	6 Mean	7 Mean	8 Mean	9 Mean	10 Mean	11 Mean	12 Mean	13 Mean
1.44	Accommodate individuals with disability or limitations	3.57	3.45	3.59	3.56	3.64	3.48	3.52	3.66	3.61	3.20	3.72	3.97	3.48
1.45	Identify and manage environment for symptom clusters across clients	3.16	2.83	3.14	3.20	3.17	2.49	3.23	3.27	3.28	2.79	3.08	3.19	3.06
1.46	Identify client health risks based on assessment of population or community characteristics	3.09	3.01	3.07	3.19	3.06	3.06	3.31	3.22	3.19	2.88	3.00	3.03	3.05
1.47	Perform targeted screening for specific client populations	3.18	2.76	2.93	3.09	2.94	2.56	3.17	3.09	3.06	2.74	2.95	2.63	3.01
1.48	Network with providers for similar populations and communities, to promote quality care	2.93	3.06	2.77	3.11	2.86	3.14	2.89	2.96	2.94	2.79	2.88	2.90	2.97
1.49	Evaluate the outcomes of health promotion activities	2.84	2.74	2.73	3.00	2.79	2.26	2.88	2.89	2.90	2.34	2.63	2.81	2.82
1.50	Identify non-verbal cues to physical and/or psychological stressors,	3.26	3.03	3.32	3.40	3.40	3.40	3.32	3.34	3.33	3.17	3.49	3.30	3.22
1.51	Address client's communication needs based on visual, auditory, or cognitive limitations/distortions	3.32	3.29	3.51	3.52	3.49	3.47	3.42	3.56	3.44	3.12	3.71	3.67	3.37
1.52	Assess family dynamics	3.22	3.27	3.20	3.40	3.28	3.56	3.61	3.35	3.31	3.45	3.53	3.27	3.20
1.53	Assess and plan interventions that meet the client's cultural, emotional and spiritual needs	3.19	3.24	3.26	3.38	3.35	3.50	3.41	3.43	3.29	3.21	3.45	3.30	3.22
1.54	Incorporate behavioral management techniques when caring for a client	3.20	3.16	3.23	3.26	3.31	3.10	3.31	3.40	3.31	2.80	3.71	3.38	3.15
1.55	Perform comprehensive health assessment	3.39	3.36	3.58	3.62	3.56	3.45	3.65	3.67	3.68	3.39	3.61	3.61	3.47
1.56	Manage client's hydration status	3.27	3.16	3.76	3.67	3.63	3.28	3.66	3.77	3.72	3.71	3.21	3.76	3.50
1.57	Manage client with impaired mobility	3.27	3.18	3.57	3.55	3.61	3.36	3.39	3.70	3.33	3.23	3.31	3.88	3.36
1.58	Manage clients with alteration in hemodynamics, tissue perfusion and hemostasis	3.21	3.09	3.78	3.61	3.51	3.13	3.51	3.70	3.40	3.71	3.11	3.75	3.50
1.59	Perform skin assessment and implement measures to prevent skin breakdown	3.29	3.09	3.71	3.74	3.68	3.66	3.41	3.85	3.52	3.66	3.16	3.88	3.44
1.60	Perform point of care testing	3.32	3.01	3.63	3.53	3.60	2.51	3.57	3.70	3.33	3.51	3.31	3.79	3.36
1.61	Monitor and maintain devices and equipment used for drainage	3.08	3.01	3.68	3.61	3.41	3.03	3.50	3.77	3.31	3.57	2.75	3.72	3.27
1.62	Identify causes of and manage inflammatory response	3.15	2.94	3.53	3.56	3.41	2.76	3.40	3.56	3.34	3.37	2.85	3.66	3.24
1.63	Manage specimen collection	3.16	2.93	3.59	3.30	3.44	2.85	3.43	3.59	3.35	3.41	3.15	3.44	3.27
1.64	Manage client with alterations in neurologic function	3.23	3.14	3.64	3.57	3.48	3.20	3.26	3.65	3.48	3.38	3.27	3.63	3.28
1.65	Review pertinent data prior to medication administration	3.69	3.26	3.89	3.79	3.71	3.40	3.87	3.91	3.81	3.86	3.71	3.94	3.71
1.67	Manage blood product administration	3.25	2.90	3.78	3.75	3.09	2.23	3.71	3.76	3.50	3.81	2.73	3.70	3.38

Appendix M. Activity Statements Mean Importance by Specialty Subgroups

ID	Activity Statement	1 Mean	2 Mean	3 Mean	4 Mean	5 Mean	6 Mean	7 Mean	8 Mean	9 Mean	10 Mean	11 Mean	12 Mean	13 Mean
1.68	Manage client receiving moderate/conscious sedation	3.25	2.86	3.76	3.54	3.14	2.83	3.55	3.55	3.47	3.59	2.89	3.11	3.34
1.69	Respond appropriately to client experiencing side effects and reactions of medication	3.69	3.34	3.84	3.79	3.70	3.54	3.81	3.85	3.81	3.74	3.89	3.91	3.67
1.70	Insert intravenous access devices	3.16	2.96	3.61	3.59	3.35	2.57	3.63	3.67	3.35	3.76	2.74	3.48	3.39
1.71	Verify appropriateness and/or accuracy of a treatment order	3.46	3.33	3.69	3.75	3.56	3.31	3.63	3.78	3.57	3.65	3.57	3.68	3.56
1.72	Identify and intervene in potentially life threatening situations	3.73	3.28	3.88	3.76	3.75	3.24	3.82	3.85	3.76	3.76	3.85	3.88	3.68
1.73	Verify proper identification according to guidelines	3.68	3.25	3.86	3.83	3.72	3.33	3.84	3.87	3.77	3.62	3.51	3.85	3.64
1.74	Identify language and communication barriers and intervene	3.37	3.35	3.54	3.55	3.39	3.48	3.68	3.65	3.56	3.39	3.44	3.52	3.43
1.75	Evaluate and document client learning	3.31	3.26	3.34	3.61	3.27	3.29	3.57	3.58	3.50	3.21	3.42	3.58	3.36
1.76	Assess client understanding of and ability to manage self care	3.33	3.58	3.41	3.62	3.40	3.44	3.44	3.64	3.43	3.22	3.42	3.70	3.44
2.24	Make referrals and coordinate continuity of care between/among health care providers/agencies	3.45	3.70	3.25	3.20	3.32	3.41	3.29	3.47	3.36	3.35	3.38	3.40	3.34
2.25	Verify client understands and consents to care/procedures	3.61	3.48	3.82	3.44	3.57	3.77	3.85	3.80	3.74	3.73	3.48	3.88	3.67
2.26	Supervise care provided by others as defined by the state nurse practice act	3.24	2.91	3.55	3.52	3.58	3.55	3.47	3.54	3.14	3.17	3.25	3.57	3.35
2.27	Manage conflict among clients/staff	3.14	3.02	3.28	3.06	3.28	3.27	3.19	3.25	3.12	3.12	3.24	3.26	3.14
2.28	Recognize ethical dilemmas and take appropriate action	3.32	3.21	3.46	3.36	3.33	3.62	3.41	3.45	3.23	3.47	3.15	3.43	3.33
2.29	Participate in the development/revision of policies and procedures	3.14	2.95	3.14	3.24	3.14	2.84	3.11	3.09	3.05	3.15	2.65	3.06	3.15
2.30	Verify client is aware of rights and responsibilities	3.17	3.42	3.53	3.18	3.46	3.67	3.32	3.51	3.39	3.03	3.30	3.60	3.34
2.31	Participate in educational activities to maintain/improve professional knowledge and skills	3.51	3.42	3.54	3.77	3.45	3.41	3.52	3.57	3.42	3.32	3.34	3.56	3.54
2.32	Maintain confidentiality/privacy	3.82	3.84	3.89	3.76	3.81	3.90	3.88	3.88	3.86	3.84	3.88	3.92	3.89
2.33	Provide care consistent with state nurse practice act, regulatory and accreditation requirements	3.74	3.60	3.78	3.64	3.75	3.79	3.73	3.80	3.84	3.67	3.72	3.81	3.72
2.34	Use standard nomenclature when documenting care	3.48	3.43	3.64	3.35	3.45	3.50	3.59	3.71	3.61	3.53	3.52	3.67	3.48
2.35	Report error/event/occurrence per protocol	3.60	3.36	3.67	3.42	3.65	3.79	3.57	3.64	3.74	3.51	3.68	3.86	3.54
2.36	Assess/triage client to prioritize the order of care delivery	3.50	3.06	3.61	3.26	3.27	3.54	3.69	3.55	3.62	3.6	3.17	3.57	3.36
2.37	Validate data from pertinent sources to evaluate client response to interventions (i.e., family, significant others)	3.26	3.33	3.46	3.14	3.40	3.62	3.34	3.46	3.52	3.35	3.39	3.44	3.28
2.38	Implement principles of case management to address client needs	3.21	3.77	3.22	2.94	3.14	3.73	3.25	3.38	3.09	2.97	3.31	3.43	3.11

Appendix M. Activity Statements Mean Importance by Specialty Subgroups

ID	Activity Statement	1 Mean	2 Mean	3 Mean	4 Mean	5 Mean	6 Mean	7 Mean	8 Mean	9 Mean	10 Mean	11 Mean	12 Mean	13 Mean
2.39	Communicate client's status to appropriate health care provider	3.54	3.65	3.72	3.40	3.67	3.83	3.74	3.74	3.64	3.78	3.68	3.74	3.61
2.40	Anticipate the need for additional resources to implement interventions	3.43	3.64	3.62	3.38	3.30	3.50	3.51	3.52	3.40	3.49	3.44	3.42	3.44
2.41	Identify client's allergies and intervene as needed	3.79	3.21	3.87	3.54	3.61	3.83	3.79	3.83	3.80	3.67	3.66	3.83	3.69
2.42	Provide appropriate and safe use of equipment in performing care	3.66	3.32	3.85	3.57	3.67	3.83	3.71	3.77	3.68	3.81	3.39	3.83	3.66
2.43	Apply principles of infection control	3.87	3.53	3.93	3.81	3.90	3.90	3.87	3.92	3.91	3.95	3.72	3.97	3.85
2.44	Comply with emergency/security plans	3.60	3.40	3.68	3.37	3.59	3.34	3.69	3.68	3.60	3.70	3.52	3.67	3.58
2.45	Protect client from injury	3.50	3.33	3.84	3.54	3.72	3.73	3.74	3.82	3.63	3.81	3.58	3.97	3.62
2.46	Provide therapeutic milieu for clients	3.12	2.93	3.27	3.13	3.27	3.52	3.20	3.34	3.41	3.00	3.62	3.44	3.12
2.47	Participate in shared decision-making	3.02	3.08	3.30	2.87	3.24	3.27	3.28	3.31	3.10	3.22	3.16	3.29	3.15
2.48	Provide anticipatory guidance based on client's individual risk assessment	3.20	3.28	3.42	2.95	3.22	3.43	3.31	3.43	3.32	3.14	3.47	3.56	3.23
2.49	Evaluate and promote healthy behaviors	3.32	3.12	3.15	3.19	3.17	3.24	3.21	3.23	3.32	3.24	3.52	3.31	3.21
2.50	Assist client to develop achievable goals and plans to promote a healthy lifestyle	3.23	3.27	3.14	3.18	3.16	2.97	3.13	3.27	3.27	2.76	3.44	3.49	3.24
2.51	Recognize impact of illness/disease on individual/family lifestyle, environment, physical relationships, and multiple role responsibilities	3.32	3.42	3.28	3.37	3.36	3.73	3.24	3.36	3.42	3.33	3.38	3.51	3.30
2.52	Provide support to clients coping with life changes	3.33	3.41	3.50	3.23	3.43	3.77	3.45	3.49	3.37	3.40	3.53	3.61	3.36
2.53	Establish a therapeutic relationship with client	3.53	3.46	3.56	3.27	3.53	3.73	3.52	3.57	3.52	3.37	3.81	3.72	3.54
2.54	Perform focused health assessment/reassessment	3.58	3.42	3.69	3.46	3.61	3.73	3.61	3.71	3.69	3.69	3.60	3.69	3.59
2.55	Manage client with an alteration in elimination	2.93	3.02	3.41	3.11	3.42	3.67	3.19	3.56	3.25	3.31	2.93	3.58	3.17
2.56	Perform procedures using sterile versus clean technique	3.42	3.15	3.78	3.32	3.51	3.55	3.72	3.67	3.71	3.78	2.91	3.72	3.61
2.57	Incorporate alternative/complementary therapy into client's plan of care	2.65	2.69	2.84	2.74	2.88	3.00	3.12	2.84	2.68	2.69	2.85	3.06	2.74
2.58	Manage client with an alteration in nutritional status	3.03	3.08	3.44	3.24	3.50	3.63	3.33	3.56	3.24	3.62	3.10	3.67	3.20
2.59	Assess and intervene in client's performance of activities of daily living and instrumental activities of daily living	2.92	3.35	3.35	3.24	3.48	3.57	3.20	3.46	3.03	3.09	3.29	3.58	3.17
2.60	Manage the client with impaired ventilation/oxygenation	3.29	3.32	3.84	3.33	3.55	3.80	3.55	3.70	3.49	3.95	2.98	3.80	3.44
2.61	Maintain desired temperature of client using external devices	2.95	2.77	3.58	2.91	2.83	2.57	3.27	3.35	2.95	3.69	2.75	3.19	3.13
2.62	Manage wound care	3.27	3.22	3.63	3.20	3.56	3.53	3.41	3.66	3.34	3.49	3.09	3.86	3.33

Appendix M. Activity Statements Mean Importance by Specialty Subgroups

ID	Activity Statement	1 Mean	2 Mean	3 Mean	4 Mean	5 Mean	6 Mean	7 Mean	8 Mean	9 Mean	10 Mean	11 Mean	12 Mean	13 Mean
2.63	Use technology to manage, access and process information	3.35	3.41	3.47	3.29	3.32	3.30	3.28	3.44	3.37	3.39	3.23	3.50	3.39
2.64	Manage a client with an endocrine disorder	3.23	3.19	3.49	3.07	3.29	3.24	3.36	3.52	3.23	3.31	2.84	3.66	3.26
2.65	Prepare and administer medications	3.69	3.24	3.91	3.49	3.71	3.63	3.86	3.90	3.86	3.81	3.62	3.97	3.76
2.66	Accurately calculate dosages for medication administration	3.67	3.25	3.91	3.53	3.70	3.80	3.80	3.90	3.95	3.97	3.47	3.92	3.73
2.67	Comply with regulations governing controlled substances	3.42	3.11	3.81	3.36	3.61	3.80	3.72	3.77	3.73	3.63	3.44	3.77	3.57
2.68	Administer intravenous medications	3.25	3.05	3.78	3.27	3.52	3.11	3.73	3.77	3.51	3.83	2.60	3.63	3.54
2.69	Evaluate the results of diagnostic testing and intervene as needed	3.24	3.20	3.74	3.21	3.50	3.07	3.49	3.62	3.45	3.62	3.30	3.65	3.53
2.70	Evaluate occupational/environmental exposures	2.92	2.79	3.01	2.84	2.97	2.22	2.96	3.03	3.05	2.73	2.56	2.97	2.95
2.71	Report unsafe practice of health care personnel to internal/ex-ternal entities	3.37	3.31	3.58	3.30	3.54	3.39	3.40	3.61	3.49	3.58	3.48	3.56	3.50
2.72	Communicate appropriate information succinctly in emergent situations	3.67	3.34	3.81	3.44	3.63	3.38	3.76	3.77	3.66	3.82	3.54	3.76	3.65
2.73	Implement safety precautions/protocols for identified risks	3.42	3.28	3.69	3.30	3.55	3.53	3.54	3.72	3.56	3.42	3.64	3.81	3.49
2.74	Educate staff/students	3.29	3.21	3.46	3.60	3.36	3.15	3.36	3.47	3.36	3.25	3.22	3.40	3.38
2.75	Plan and provide comprehensive teaching to address the needs and concerns of clients	3.32	3.38	3.41	3.35	3.31	3.53	3.46	3.54	3.50	3.22	3.41	3.67	3.39
2.76	Assist client to identify reliable health information resources	3.31	3.31	3.26	3.02	3.18	2.97	3.22	3.35	3.38	3.22	3.24	3.26	3.20

APPENDIX N: ACTIVITY STATEMENTS MEAN IMPORTANCE BY YEARS OF EXPERIENCE SUBGROUPS

Appendix N. Activity Statements Mean Importance by Years of Experience Subgroups

ID	Activity Statement	1 Mean	2 Mean	3 Mean	4 Mean	5 Mean	6 Mean	7 Mean
c.1	Collaborate with other disciplines/professions	3.63	3.60	3.59	3.60	3.66	3.60	3.57
c.2	Use available information, technology, and resources to make informed decisions	3.61	3.53	3.57	3.63	3.62	3.60	3.66
c.3	Participate in performance/quality improvement	3.22	3.20	3.26	3.26	3.27	3.28	3.32
c.4	Act as a client advocate	3.80	3.74	3.69	3.71	3.68	3.60	3.60
c.5	Incorporate evidenced-based practice/research results when providing care	3.26	3.22	3.22	3.29	3.30	3.26	3.25
c.6	Provide individualized/client-centered care	3.71	3.70	3.67	3.68	3.70	3.62	3.66
c.7	Use standardized language in client care	3.02	3.03	2.97	2.89	2.90	2.89	2.82
c.8	Provide care appropriate to client's age, physical, developmental, cognitive, cultural and psychosocial needs	3.68	3.65	3.67	3.67	3.67	3.66	3.67
c.9	Use critical thinking skills to make decisions	3.87	3.82	3.80	3.80	3.81	3.77	3.78
c.10	Comply with federal/state/institutional policy regarding the use of client restraints and/or safety devices	3.51	3.47	3.54	3.45	3.48	3.40	3.45
c.11	Provide information regarding healthy behaviors	3.34	3.40	3.34	3.34	3.36	3.29	3.37
c.12	Monitor and document adherence to health maintenance recommendations	3.14	3.19	3.23	3.17	3.22	3.19	3.16
c.13	Participate in community health outreach activities	2.78	2.77	2.86	2.78	2.84	2.79	2.82
c.14	Manage client's mental health needs	3.30	3.33	3.30	3.25	3.30	3.29	3.22
c.15	Use therapeutic communication techniques to develop coping and problem-solving skills	3.30	3.28	3.34	3.29	3.27	3.26	3.24
c.16	Assess pain/comfort level and intervene as appropriate	3.78	3.70	3.72	3.71	3.65	3.63	3.63
c.17	Perform emergency care procedures as appropriate	3.77	3.72	3.74	3.63	3.67	3.67	3.64
c.18	Manage the care of a pre-, peri- and postnatal client	3.18	3.09	3.10	3.08	3.11	3.04	3.01
c.19	Evaluate appropriateness/accuracy of medication order	3.86	3.78	3.81	3.73	3.74	3.73	3.72
c.20	Monitor and maintain infusion access devices, infusion site and rate	3.75	3.63	3.67	3.56	3.57	3.51	3.52
c.21	Evaluate therapeutic and potential adverse effect of medications	3.73	3.75	3.74	3.69	3.69	3.71	3.65
c.22	Perform a risk assessment and implement interventions	3.57	3.46	3.58	3.49	3.49	3.47	3.44
c.23	Assess client's readiness to learn, learning preferences and barriers to learning	3.38	3.42	3.45	3.39	3.39	3.40	3.41
1.24	Recognize limitations of self/others and seek appropriate assistance	3.61	3.51	3.46	3.56	3.54	3.45	3.52
1.25	Document nursing care consistent with guidelines	3.78	3.70	3.74	3.75	3.72	3.69	3.74
1.26	Serve as a resource person or mentor to other staff	3.46	3.40	3.42	3.51	3.47	3.48	3.42
1.27	Encourage feedback from clients/staff and take action as appropriate	3.45	3.34	3.40	3.45	3.47	3.48	3.42
1.28	Respect and support co-workers	3.79	3.71	3.72	3.74	3.75	3.71	3.79
1.29	Use the nursing process as the basis of practice	3.50	3.41	3.43	3.45	3.48	3.51	3.57

Appendix N. Activity Statements Mean Importance by Years of Experience Subgroups

ID	Activity Statement	1 Mean	2 Mean	3 Mean	4 Mean	5 Mean	6 Mean	7 Mean
1.30	Use self-evaluation, peer evaluation, and feedback to modify and improve practice	3.37	3.26	3.23	3.33	3.31	3.36	3.38
1.31	Comply with state and/or federal regulations for reportable conditions	3.69	3.56	3.55	3.55	3.58	3.54	3.59
1.32	Function effectively as a team member	3.78	3.75	3.74	3.80	3.76	3.69	3.74
1.33	Assign or delegate aspects of care as defined by the state nurse practice act	3.50	3.37	3.40	3.38	3.42	3.32	3.43
1.34	Evaluate and document the client's response to interventions, changes in the client's condition and modify the plan of care as appropriate	3.80	3.69	3.69	3.69	3.76	3.68	3.65
1.35	Respect and accommodate clients' differences, beliefs, preferences, and expressed needs	3.59	3.59	3.61	3.57	3.60	3.59	3.59
1.36	Recognize patterns in client assessments and intervene appropriately	3.72	3.56	3.56	3.59	3.58	3.46	3.51
1.37	Value clients' differences, beliefs, preferences, and expressed needs	3.64	3.56	3.60	3.61	3.67	3.59	3.65
1.38	Demonstrate appropriate organizational skills	3.75	3.65	3.64	3.71	3.69	3.62	3.63
1.39	Perform activities related to client admission, transfer or discharge	3.55	3.39	3.42	3.46	3.48	3.34	3.39
1.40	Identify limitations within the health care delivery setting and respond	3.32	3.20	3.30	3.33	3.37	3.25	3.29
1.41	Incorporate cost-consciousness and resource management in providing care	3.05	3.12	3.21	3.26	3.27	3.26	3.30
1.42	Use ergonomic principles	3.55	3.44	3.47	3.47	3.52	3.38	3.45
1.43	Handle biohazardous materials according to regulatory guidelines	3.71	3.66	3.66	3.67	3.68	3.61	3.61
1.44	Accommodate individuals with disability or limitations	3.60	3.54	3.54	3.58	3.57	3.55	3.60
1.45	Identify and manage environment for symptom clusters across clients	3.26	3.12	3.10	3.16	3.12	3.01	3.11
1.46	Identify client health risks based on assessment of population or community characteristics	3.16	3.14	3.11	3.12	3.09	3.03	3.08
1.47	Perform targeted screening for specific client populations	3.06	3.02	2.95	3.00	3.05	2.95	2.99
1.48	Network with providers for similar populations and communities, to promote quality care	2.90	2.90	2.93	2.90	3.01	2.89	2.87
1.49	Evaluate the outcomes of health promotion activities	2.90	2.85	2.87	2.80	2.83	2.68	2.71
1.50	Identify non-verbal cues to physical and/or psychological stressors,	3.39	3.31	3.31	3.26	3.30	3.25	3.27
1.51	Address client's communication needs based on visual, auditory, or cognitive limitations/distortions	3.51	3.48	3.48	3.44	3.47	3.40	3.39
1.52	Assess family dynamics	3.31	3.30	3.31	3.29	3.32	3.29	3.23
1.53	Assess and plan interventions that meet the client's cultural, emotional and spiritual needs	3.24	3.25	3.32	3.30	3.36	3.30	3.25
1.54	Incorporate behavioral management techniques when caring for a client	3.36	3.24	3.31	3.21	3.29	3.19	3.18
1.55	Perform comprehensive health assessment	3.62	3.59	3.57	3.53	3.51	3.44	3.53
1.56	Manage client's hydration status	3.73	3.59	3.57	3.62	3.56	3.52	3.51
1.57	Manage client with impaired mobility	3.55	3.45	3.49	3.49	3.50	3.38	3.41
1.58	Manage clients with alteration in hemodynamics, tissue perfusion and hemostasis	3.69	3.53	3.60	3.58	3.58	3.46	3.40

Appendix N. Activity Statements Mean Importance by Years of Experience Subgroups

ID	Activity Statement	1 Mean	2 Mean	3 Mean	4 Mean	5 Mean	6 Mean	7 Mean
1.59	Perform skin assessment and implement measures to prevent skin breakdown	3.66	3.55	3.63	3.63	3.60	3.44	3.47
1.60	Perform point of care testing	3.58	3.50	3.46	3.50	3.53	3.39	3.39
1.61	Monitor and maintain devices and equipment used for drainage	3.63	3.47	3.46	3.51	3.44	3.26	3.32
1.62	Identify causes of and manage inflammatory response	3.51	3.35	3.37	3.35	3.41	3.22	3.28
1.63	Manage specimen collection	3.46	3.42	3.38	3.44	3.39	3.27	3.26
1.64	Manage client with alterations in neurologic function	3.56	3.45	3.43	3.45	3.45	3.33	3.38
1.65	Review pertinent data prior to medication administration	3.91	3.81	3.75	3.80	3.79	3.71	3.65
1.66	Adjust/titrate dosage of medication based on assessment of specified physiologic parameters	3.84	3.64	3.69	3.70	3.68	3.60	3.54
1.67	Manage blood product administration	3.76	3.49	3.45	3.54	3.52	3.36	3.40
1.68	Manage client receiving moderate/conscious sedation	3.61	3.43	3.43	3.50	3.42	3.33	3.38
1.69	Respond appropriately to client experiencing side effects and reactions of medication	3.84	3.78	3.74	3.72	3.73	3.71	3.69
1.70	Insert intravenous access devices	3.57	3.46	3.41	3.47	3.47	3.36	3.32
1.71	Verify appropriateness and/or accuracy of a treatment order	3.65	3.62	3.63	3.64	3.65	3.56	3.50
1.72	Identify and intervene in potentially life threatening situations	3.84	3.78	3.75	3.73	3.82	3.69	3.70
1.73	Verify proper identification according to guidelines	3.81	3.76	3.66	3.70	3.78	3.69	3.71
1.74	Identify language and communication barriers and intervene	3.54	3.44	3.53	3.52	3.52	3.46	3.46
1.75	Evaluate and document client learning	3.39	3.43	3.41	3.41	3.37	3.38	3.34
1.76	Assess client understanding of and ability to manage self care	3.47	3.44	3.43	3.49	3.50	3.44	3.40
2.24	Make referrals and coordinate continuity of care between/among health care providers/agencies	3.25	3.35	3.40	3.30	3.42	3.34	3.39
2.25	Verify client understands and consents to care/procedures	3.76	3.75	3.75	3.69	3.68	3.70	3.62
2.26	Supervise care provided by others as defined by the state nurse practice act	3.44	3.43	3.49	3.36	3.43	3.28	3.45
2.27	Manage conflict among clients/staff	3.09	3.22	3.29	3.19	3.16	3.15	3.20
2.28	Recognize ethical dilemmas and take appropriate action	3.38	3.38	3.47	3.31	3.29	3.40	3.34
2.29	Participate in the development/revision of policies and procedures	3.06	3.10	3.09	3.09	3.17	3.13	3.08
2.30	Verify client is aware of rights and responsibilities	3.46	3.38	3.56	3.30	3.38	3.40	3.35
2.31	Participate in educational activities to maintain/improve professional knowledge and skills	3.39	3.53	3.48	3.55	3.55	3.49	3.55
2.32	Maintain confidentiality/privacy	3.88	3.86	3.85	3.86	3.86	3.87	3.87
2.33	Provide care consistent with state nurse practice act, regulatory and accreditation requirements	3.74	3.78	3.76	3.74	3.73	3.71	3.72
2.34	Use standard nomenclature when documenting care	3.52	3.59	3.61	3.55	3.50	3.49	3.58

Appendix N. Activity Statements Mean Importance by Years of Experience Subgroups

ID	Activity Statement	1 Mean	2 Mean	3 Mean	4 Mean	5 Mean	6 Mean	7 Mean
2.35	Report error/event/occurrence per protocol	3.63	3.63	3.64	3.60	3.53	3.56	3.63
2.36	Assess/triage client to prioritize the order of care delivery	3.59	3.56	3.52	3.45	3.49	3.41	3.31
2.37	Validate data from pertinent sources to evaluate client response to interventions (i.e., family, significant others)	3.33	3.43	3.46	3.32	3.34	3.34	3.35
2.38	Implement principles of case management to address client needs	3.23	3.22	3.28	3.14	3.23	3.23	3.23
2.39	Communicate client's status to appropriate health care provider	3.76	3.76	3.70	3.68	3.57	3.61	3.62
2.40	Anticipate the need for additional resources to implement interventions	3.47	3.54	3.52	3.46	3.45	3.51	3.47
2.41	Identify client's allergies and intervene as needed	3.83	3.76	3.80	3.71	3.74	3.70	3.68
2.42	Provide appropriate and safe use of equipment in performing care	3.74	3.71	3.78	3.72	3.69	3.61	3.70
2.43	Apply principles of infection control	3.92	3.89	3.91	3.86	3.84	3.85	3.86
2.44	Comply with emergency/security plans	3.56	3.62	3.68	3.63	3.52	3.60	3.65
2.45	Protect client from injury	3.73	3.76	3.77	3.69	3.63	3.60	3.65
2.46	Provide therapeutic milieu for clients	3.15	3.24	3.26	3.19	3.20	3.26	3.26
2.47	Participate in shared decision-making	3.19	3.22	3.30	3.24	3.11	3.16	3.14
2.48	Provide anticipatory guidance based on client's individual risk assessment	3.23	3.33	3.39	3.23	3.28	3.27	3.36
2.49	Evaluate and promote healthy behaviors	3.14	3.27	3.25	3.20	3.16	3.20	3.29
2.50	Assist client to develop achievable goals and plans to promote a healthy lifestyle	3.09	3.23	3.27	3.15	3.16	3.26	3.24
2.51	Recognize impact of illness/disease on individual/family lifestyle, environment, physical relation-ships, and multiple role responsibilities	3.21	3.32	3.35	3.33	3.32	3.33	3.41
2.52	Provide support to clients coping with life changes	3.45	3.48	3.48	3.38	3.41	3.40	3.41
2.53	Establish a therapeutic relationship with client	3.59	3.63	3.61	3.50	3.48	3.49	3.52
2.54	Perform focused health assessment/reassessment	3.69	3.70	3.64	3.60	3.55	3.61	3.59
2.55	Manage client with an alteration in elimination	3.35	3.35	3.37	3.27	3.26	3.20	3.19
2.56	Perform procedures using sterile versus clean technique	3.69	3.65	3.69	3.54	3.53	3.56	3.53
2.57	Incorporate alternative/complementary therapy into client's plan of care	2.78	2.82	2.95	2.83	2.79	2.82	2.78
2.58	Manage client with an alteration in nutritional status	3.41	3.34	3.48	3.32	3.30	3.24	3.30
2.59	Assess and intervene in client's performance of activities of daily living and instrumental activities of daily living	3.29	3.34	3.39	3.22	3.30	3.24	3.20
2.60	Manage the client with impaired ventilation/oxygenation	3.65	3.63	3.69	3.52	3.52	3.54	3.45
2.61	Maintain desired temperature of client using external devices	3.20	3.22	3.32	3.14	3.24	3.23	3.11
2.62	Manage wound care	3.34	3.47	3.61	3.40	3.45	3.38	3.47

Appendix N. Activity Statements Mean Importance by Years of Experience Subgroups

		1	2	3	4	5	6	7
ID	Activity Statement	Mean	Mean	Mean	Mean	Mean	Mean	Mean
2.63	Use technology to manage, access and process information	3.27	3.43	3.44	3.35	3.37	3.40	3.40
2.64	Manage a client with an endocrine disorder	3.38	3.43	3.47	3.29	3.33	3.21	3.24
2.65	Prepare and administer medications	3.87	3.87	3.89	3.71	3.76	3.74	3.66
2.66	Accurately calculate dosages for medication administration	3.85	3.84	3.86	3.71	3.73	3.73	3.70
2.67	Comply with regulations governing controlled substances	3.73	3.65	3.80	3.57	3.64	3.53	3.54
2.68	Administer intravenous medications	3.63	3.66	3.72	3.43	3.52	3.47	3.46
2.69	Evaluate the results of diagnostic testing and intervene as needed	3.54	3.64	3.64	3.45	3.48	3.46	3.44
2.70	Evaluate occupational/environmental exposures	2.84	2.98	3.06	2.85	2.97	2.95	2.91
2.71	Report unsafe practice of health care personnel to internal/external entities	3.48	3.54	3.61	3.39	3.49	3.45	3.57
2.72	Communicate appropriate information succinctly in emergent situations	3.75	3.69	3.75	3.66	3.67	3.69	3.62
2.73	Implement safety precautions/protocols for identified risks	3.64	3.63	3.64	3.44	3.59	3.52	3.58
2.74	Educate staff/students	3.27	3.44	3.45	3.41	3.37	3.34	3.42
2.75	Plan and provide comprehensive teaching to address the needs and concerns of clients	3.39	3.45	3.43	3.34	3.44	3.36	3.42
2.76	Assist client to identify reliable health information resources	3.06	3.26	3.35	3.17	3.25	3.23	3.29

APPENDIX O: ACTIVITY STATEMENTS MEAN IMPORTANCE BY NCSBN GEOGRAPHIC AREA SUBGROUPS

Appendix O. Activity Statements Mean Importance by NCSBN Geographic Area Subgroups

ID	Activity Statement	1 Mean	2 Mean	3 Mean	4 Mean
c.1	Collaborate with other disciplines/professions	3.62	3.58	3.60	3.60
c.2	Use available information, technology, and resources to make informed decisions	3.62	3.62	3.59	3.59
c.3	Participate in performance/quality improvement	3.28	3.25	3.28	3.24
c.4	Act as a client advocate	3.70	3.69	3.67	3.64
c.5	Incorporate evidenced-based practice/research results when providing care	3.27	3.26	3.25	3.25
c.6	Provide individualized/client-centered care	3.64	3.69	3.70	3.65
c.7	Use standardized language in client care	2.89	2.96	2.94	2.88
c.8	Provide care appropriate to client's age, physical, developmental, cognitive, cultural and psychosocial needs	3.65	3.68	3.66	3.66
c.9	Use critical thinking skills to make decisions	3.81	3.81	3.80	3.79
c.10	Comply with federal/state/institutional policy regarding the use of client restraints and/or safety devices	3.45	3.45	3.48	3.49
c.11	Provide information regarding healthy behaviors	3.32	3.32	3.37	3.38
c.12	Monitor and document adherence to health maintenance recommendations	3.15	3.14	3.20	3.27
c.13	Participate in community health outreach activities	2.79	2.78	2.85	2.80
c.14	Manage client's mental health needs	3.22	3.28	3.29	3.31
c.15	Use therapeutic communication techniques to develop coping and problem-solving skills	3.24	3.27	3.31	3.29
c.16	Assess pain/comfort level and intervene as appropriate	3.68	3.71	3.64	3.69
c.17	Perform emergency care procedures as appropriate	3.66	3.68	3.69	3.70
c.18	Manage the care of a pre-, peri- and postnatal client	3.09	3.09	3.07	3.05
c.19	Evaluate appropriateness/accuracy of medication order	3.74	3.76	3.77	3.75
c.20	Monitor and maintain infusion access devices, infusion site and rate	3.56	3.58	3.61	3.59
c.21	Evaluate therapeutic and potential adverse effect of medications	3.69	3.70	3.73	3.70
c.22	Perform a risk assessment and implement interventions	3.47	3.47	3.49	3.52
c.23	Assess client's readiness to learn, learning preferences and barriers to learning	3.38	3.41	3.41	3.42
1.24	Recognize limitations of self/others and seek appropriate assistance	3.51	3.50	3.52	3.51
1.25	Document nursing care consistent with guidelines	3.71	3.74	3.74	3.68
1.26	Serve as a resource person or mentor to other staff	3.50	3.44	3.45	3.42
1.27	Encourage feedback from clients/staff and take action as appropriate	3.49	3.42	3.43	3.38
1.28	Respect and support co-workers	3.73	3.76	3.77	3.69
1.29	Use the nursing process as the basis of practice	3.45	3.48	3.49	3.47
1.30	Use self-evaluation, peer evaluation, and feedback to modify and improve practice	3.31	3.31	3.33	3.32

Appendix O. Activity Statements Mean Importance by NCSBN Geographic Area Subgroups

ID	Activity Statement	1 Mean	2 Mean	3 Mean	4 Mean
1.31	Comply with state and/or federal regulations for reportable conditions	3.52	3.58	3.59	3.57
1.32	Function effectively as a team member	3.72	3.79	3.75	3.70
1.33	Assign or delegate aspects of care as defined by the state nurse practice act	3.36	3.41	3.44	3.35
1.34	Evaluate and document the client's response to interventions, changes in the client's condition and modify the plan of care as appropriate	3.67	3.73	3.72	3.67
1.35	Respect and accommodate clients' differences, beliefs, preferences, and expressed needs	3.59	3.62	3.58	3.57
1.36	Recognize patterns in client assessments and intervene appropriately	3.53	3.57	3.57	3.55
1.37	Value clients' differences, beliefs, preferences, and expressed needs	3.61	3.65	3.62	3.58
1.38	Demonstrate appropriate organizational skills	3.64	3.71	3.65	3.64
1.39	Perform activities related to client admission, transfer or discharge	3.40	3.47	3.42	3.39
1.40	Identify limitations within the health care delivery setting and respond	3.27	3.31	3.29	3.30
1.41	Incorporate cost-consciousness and resource management in providing care	3.25	3.26	3.27	3.11
1.42	Use ergonomic principles	3.50	3.48	3.47	3.39
1.43	Handle biohazardous materials according to regulatory guidelines	3.62	3.66	3.68	3.61
1.44	Accommodate individuals with disability or limitations	3.51	3.58	3.58	3.58
1.45	Identify and manage environment for symptom clusters across clients	3.08	3.03	3.16	3.17
1.46	Identify client health risks based on assessment of population or community characteristics	3.01	3.11	3.11	3.14
1.47	Perform targeted screening for specific client populations	2.95	2.95	3.01	3.08
1.48	Network with providers for similar populations and communities, to promote quality care	2.88	2.87	2.96	2.93
1.49	Evaluate the outcomes of health promotion activities	2.75	2.76	2.81	2.85
1.50	Identify non-verbal cues to physical and/or psychological stressors.	3.29	3.29	3.30	3.29
1.51	Address client's communication needs based on visual, auditory, or cognitive limitations/distortions	3.43	3.45	3.46	3.44
1.52	Assess family dynamics	3.20	3.30	3.29	3.35
1.53	Assess and plan interventions that meet the client's cultural, emotional and spiritual needs	3.27	3.27	3.30	3.32
1.54	Incorporate behavioral management techniques when caring for a client	3.22	3.23	3.23	3.31
1.55	Perform comprehensive health assessment	3.52	3.50	3.56	3.57
1.56	Manage client's hydration status	3.53	3.57	3.61	3.57
1.57	Manage client with impaired mobility	3.42	3.43	3.48	3.49
1.58	Manage clients with alteration in hemodynamics, tissue perfusion and hemostasis	3.55	3.51	3.56	3.52
1.59	Perform skin assessment and implement measures to prevent skin breakdown	3.54	3.51	3.61	3.57

Appendix O. Activity Statements Mean Importance by NCSBN Geographic Area Subgroups

ID	Activity Statement	1 Mean	2 Mean	3 Mean	4 Mean
1.60	Perform point of care testing	3.45	3.43	3.49	3.50
1.61	Monitor and maintain devices and equipment used for drainage	3.42	3.37	3.48	3.42
1.62	Identify causes of and manage inflammatory response	3.30	3.29	3.39	3.39
1.63	Manage specimen collection	3.34	3.35	3.44	3.34
1.64	Manage client with alterations in neurologic function	3.43	3.38	3.44	3.46
1.65	Review pertinent data prior to medication administration	3.75	3.75	3.77	3.76
1.66	Adjust/titrate dosage of medication based on assessment of specified physiologic parameters	3.68	3.63	3.67	3.65
1.67	Manage blood product administration	3.50	3.40	3.58	3.45
1.68	Manage client receiving moderate/conscious sedation	3.44	3.37	3.49	3.40
1.69	Respond appropriately to client experiencing side effects and reactions of medication	3.75	3.73	3.76	3.73
1.70	Insert intravenous access devices	3.41	3.38	3.50	3.39
1.71	Verify appropriateness and/or accuracy of a treatment order	3.58	3.60	3.63	3.57
1.72	Identify and intervene in potentially life threatening situations	3.75	3.71	3.79	3.75
1.73	Verify proper identification according to guidelines	3.70	3.71	3.74	3.73
1.74	Identify language and communication barriers and intervene	3.49	3.49	3.48	3.50
1.75	Evaluate and document client learning	3.38	3.39	3.40	3.38
1.76	Assess client understanding of and ability to manage self care	3.40	3.43	3.49	3.45
2.24	Make referrals and coordinate continuity of care between/among health care providers/agencies	3.36	3.34	3.40	3.31
2.25	Verify client understands and consents to care/procedures	3.74	3.72	3.70	3.64
2.26	Supervise care provided by others as defined by the state nurse practice act	3.38	3.40	3.43	3.44
2.27	Manage conflict among clients/staff	3.15	3.20	3.20	3.19
2.28	Recognize ethical dilemmas and take appropriate action	3.35	3.35	3.41	3.35
2.29	Participate in the development/revision of policies and procedures	3.11	3.08	3.10	3.14
2.30	Verify client is aware of rights and responsibilities	3.39	3.39	3.42	3.38
2.31	Participate in educational activities to maintain/improve professional knowledge and skills	3.55	3.51	3.50	3.52
2.32	Maintain confidentiality/privacy	3.85	3.86	3.86	3.88
2.33	Provide care consistent with state nurse practice act, regulatory and accreditation requirements	3.72	3.73	3.74	3.75
2.34	Use standard nomenclature when documenting care	3.56	3.52	3.58	3.53
2.35	Report error/event/occurrence per protocol	3.61	3.55	3.65	3.62
2.36	Assess/triage client to prioritize the order of care delivery	3.51	3.45	3.48	3.43

Appendix O. Activity Statements Mean Importance by NCSBN Geographic Area Subgroups

		1	2	3	4
ID	Activity Statement	Mean	Mean	Mean	Mean
2.37	Validate data from pertinent sources to evaluate client response to interventions (i.e., family, significant others)	3.30	3.37	3.39	3.39
2.38	Implement principles of case management to address client needs	3.19	3.21	3.26	3.23
2.39	Communicate client's status to appropriate health care provider	3.64	3.65	3.70	3.65
2.40	Anticipate the need for additional resources to implement interventions	3.49	3.47	3.51	3.48
2.41	Identify client's allergies and intervene as needed	3.71	3.71	3.76	3.75
2.42	Provide appropriate and safe use of equipment in performing care	3.65	3.72	3.69	3.73
2.43	Apply principles of infection control	3.85	3.88	3.87	3.88
2.44	Comply with emergency/security plans	3.58	3.61	3.61	3.63
2.45	Protect client from injury	3.66	3.69	3.69	3.69
2.46	Provide therapeutic milieu for clients	3.27	3.22	3.20	3.25
2.47	Participate in shared decision-making	3.26	3.16	3.23	3.18
2.48	Provide anticipatory guidance based on client's individual risk assessment	3.28	3.30	3.32	3.33
2.49	Evaluate and promote healthy behaviors	3.21	3.21	3.23	3.26
2.50	Assist client to develop achievable goals and plans to promote a healthy lifestyle	3.20	3.19	3.22	3.23
2.51	Recognize impact of illness/disease on individual/family lifestyle, environment, physical relationships, and multiple role responsibilities	3.29	3.32	3.33	3.39
2.52	Provide support to clients coping with life changes	3.44	3.44	3.38	3.46
2.53	Establish a therapeutic relationship with client	3.56	3.53	3.55	3.53
2.54	Perform focused health assessment/reassessment	3.66	3.62	3.62	3.60
2.55	Manage client with an alteration in elimination	3.26	3.25	3.28	3.31
2.56	Perform procedures using sterile versus clean technique	3.58	3.59	3.61	3.57
2.57	Incorporate alternative/complementary therapy into client's plan of care	2.88	2.79	2.77	2.88
2.58	Manage client with an alteration in nutritional status	3.28	3.32	3.35	3.36
2.59	Assess and intervene in client's performance of activities of daily living and instrumental activities of daily living	3.20	3.26	3.31	3.29
2.60	Manage the client with impaired ventilation/oxygenation	3.54	3.57	3.56	3.58
2.61	Maintain desired temperature of client using external devices	3.16	3.19	3.20	3.23
2.62	Manage wound care	3.40	3.42	3.44	3.53
2.63	Use technology to manage, access and process information	3.37	3.40	3.38	3.39
2.64	Manage a client with an endocrine disorder	3.18	3.33	3.35	3.38
2.65	Prepare and administer medications	3.76	3.81	3.76	3.77

Appendix O. Activity Statements Mean Importance by NCSBN Geographic Area Subgroups

ID	Activity Statement	1 Mean	2 Mean	3 Mean	4 Mean
2.66	Accurately calculate dosages for medication administration	3.75	3.78	3.75	3.78
2.67	Comply with regulations governing controlled substances	3.59	3.64	3.62	3.64
2.68	Administer intravenous medications	3.56	3.56	3.50	3.56
2.69	Evaluate the results of diagnostic testing and intervene as needed	3.47	3.50	3.51	3.56
2.70	Evaluate occupational/environmental exposures	2.91	2.91	2.91	3.02
2.71	Report unsafe practice of health care personnel to internal/external entities	3.42	3.50	3.51	3.54
2.72	Communicate appropriate information succinctly in emergent situations	3.65	3.68	3.66	3.74
2.73	Implement safety precautions/protocols for identified risks	3.56	3.56	3.55	3.61
2.74	Educate staff/students	3.37	3.36	3.40	3.41
2.75	Plan and provide comprehensive teaching to address the needs and concerns of clients	3.39	3.41	3.42	3.42
2.76	Assist client to identify reliable health information resources	3.16	3.25	3.25	3.29