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PEDIATRIC NURSING  
CERTIFICATION BOARD

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## **2020-2021 Job Task Analysis of the Pediatric Primary Care Mental Health Specialist EXECUTIVE SUMMARY**

The PMHS certification examination is designed to assess specialized knowledge required to provide developmental, behavioral, and mental health (DBMH) services to children, adolescents, and young adults. Certification boards conduct periodic job task analyses (JTAs) to ensure that the examination content accurately represents practice.

The Pediatric Nursing Certification Board (PNCB) conducted a JTA for the PMHS credential from May through December 2020. Findings from this research will be used to update the test specifications and detailed content outline that is the framework for the Pediatric Primary Care Mental Health Specialist (PMHS) certification examination.

A JTA is designed to obtain descriptive information about the tasks performed in practice.

The goals of this JTA were to develop updated test specifications and a detailed content outline for the PMHS examination, and update the inventory of:

- > tasks (includes validation) performed by advanced practice nurses (APRNs) with specialty expertise who provide DBMH services to children, adolescents, and young adults;
- > diagnoses presented by patients;
- > pharmacologic agents prescribed or monitored as well as the treatments and interventions performed or monitored;
- > screening and assessment tools used by APRNs in the specialty; and
- > social determinants of health (SDOH) by including adverse childhood experiences (ACEs) that may impact patient health.

### **Conduct of the JTA**

The JTA consisted of qualitative and quantitative data collection activities. The successful outcome of the JTA depended on the thoroughness of information provided by advanced practice registered nurses who provide early access to DBMH services, most often in primary care or developmental and behavioral specialty clinics.

The existing detailed content outline for the PMHS examination was the starting point for the current JTA; it describes the domains of practice and tasks performed by PMHSs as well as the diagnoses seen, interventions performed (including pharmacologic agents and treatments and interventions), and screening and assessment tools used.

Updating the current PMHS content outline was primarily accomplished through the efforts of a JTA Task Force comprised of subject-matter experts (SMEs) in the specialty. The Task Force was selected to represent diversity in practice settings and geographic locations and therefore ensure representativeness in the description of practice.

## Survey Development

After the Task Force performed its work in updating the examination content outline, ACT gathered validation evidence for the domains, tasks, diagnoses, interventions, screening and assessment tools, and factors affecting patient health (ACEs and SDOHs) by incorporating them into a web-based survey instrument, developing appropriate rating scales, and administering the survey to a large sample of APRNs, including PMHSs and non-PMHS-certified APRNs who also provide DBMH care to pediatric patients of all ages. The survey, administered from November 10 to November 29, 2020, consisted of the sections and elements outlined below. In addition to the delineation of practice, the survey included questions on the PMHS eligibility criteria and a brief salary survey.

Both currently certified PMHSs who allowed their email to be used for research purposes (N=520) and certified primary care pediatric nurse practitioners (CPNP-PC) who did not also hold the PMHS (N=12,902) were invited to participate in the survey. In addition, the American Academy of Nurse Practitioners Certification Board (AANPCB) agreed to forward a solicitation of interest message to its Family Nurse Practitioners (FNPs), who are potentially eligible for the exam; the message included a link where individuals could sign up to participate in the survey.

Nine hundred seventy-six FNPs indicated interest in participating and were sent survey invitations.

Survey Sections	
1.	Screening
2.	Tasks
3.	Domains
4.	Diagnoses
5.	Risk Factors
6.	Pharmacologic Agents
7.	Therapies and Interventions
8.	Screening and Assessment Tools
9.	COVID-related Changes in Practice
10.	Evaluation of Survey Comprehensiveness
11.	Demographic/Professional Questions
12.	Salary Questions (PHMS only)
13.	Eligibility Criteria Questions

## Results

Participants were asked to rate how important each task was on a 4-point scale (1=*Not at all important* to 4=*Highly important*) and how frequently they performed it in a 5-point scale (1=*Never* to 5=*Very Frequently*). Participants also rated the importance of each content domain and the percentage of time spent in it. They rated the percentage of their patients presenting with each diagnosis and the percentage experiencing each ACE or SDOH. Participants also rated: (a) whether they recommended, prescribed, or monitored each pharmacologic agent; (b) whether they performed/monitored or referred/recommended each treatment or intervention; and (c) whether they administered or interpreted each screening and assessment tool.

See page 3 result highlights.

The JTA Task Force convened to review the results of the JTA survey and create an updated content outline that will guide future versions of the PMHS examination until the next JTA is performed.

## Summary

This study used a mixed-methods approach to identify tasks performed, diagnoses seen, interventions performed, and screening and assessment tools used by APRNs or CNSs providing assessment, evaluation, diagnosis, treatment, and management of common DBMH conditions in children, adolescents, and young adults.

The study was conducted in conformance with best practice accreditation guidelines for certification programs and led to the creation of an updated content outline for the PMHS examination.

