

# 2021-2022 Job Task Analysis for the Certified Pediatric Nurse (CPN®) Exam

*WHAT IS IT, AND WHY DO IT?*

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# Purpose of the Study

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

- ✓ tasks performed by pediatric nurses,
- ✓ clinical categories encountered, and
- ✓ procedures and interventions performed.

# History and Purpose, cont.

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The Job Task Analysis (JTA) uses a survey instrument to obtain descriptive information about the demographics and role responsibilities of pediatric nurses.

This periodic study is required of all nursing certification boards by their accrediting agency and involves soliciting input from those who hold the credential. Their responses validate what is most prevalent and/or most important in practice for the role.

In keeping with best practices, PNCB conducts JTA studies every 4 to 7 years; the process involves roughly 9 months of planned events and key processes.

([Learn more here](#)).



# History and Purpose, cont.

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In order to develop a content outline for the certification examination, the JTA study identifies tasks, knowledge, skills, or abilities deemed to be important for pediatric nurses in a variety of settings who provide care to the pediatric population, newborns through young adults.

A task appears on the updated content outline only if it **met validation** criteria according to JTA study results.



# What are the steps involved?

**Over a period of several months between July 2021 and January 2022, the following occurred:**

1. Development of the survey instrument with subject matter experts (SMEs) from around the country who hold the CPN credential. This involved:
  - Reflecting on trends in practice since the last study
  - Commenting on the current outline
  - Providing feedback or suggestions related to the delineation of practice
2. Pilot testing of the instrument for clarity and comprehensiveness.

# What are the steps involved?

(cont.)

3. Dissemination of the survey to all actively-certified CPNs.
4. Analysis of survey data.
5. Development of test specifications and an updated content outline, using both survey findings and input from the subject matter expert task force.

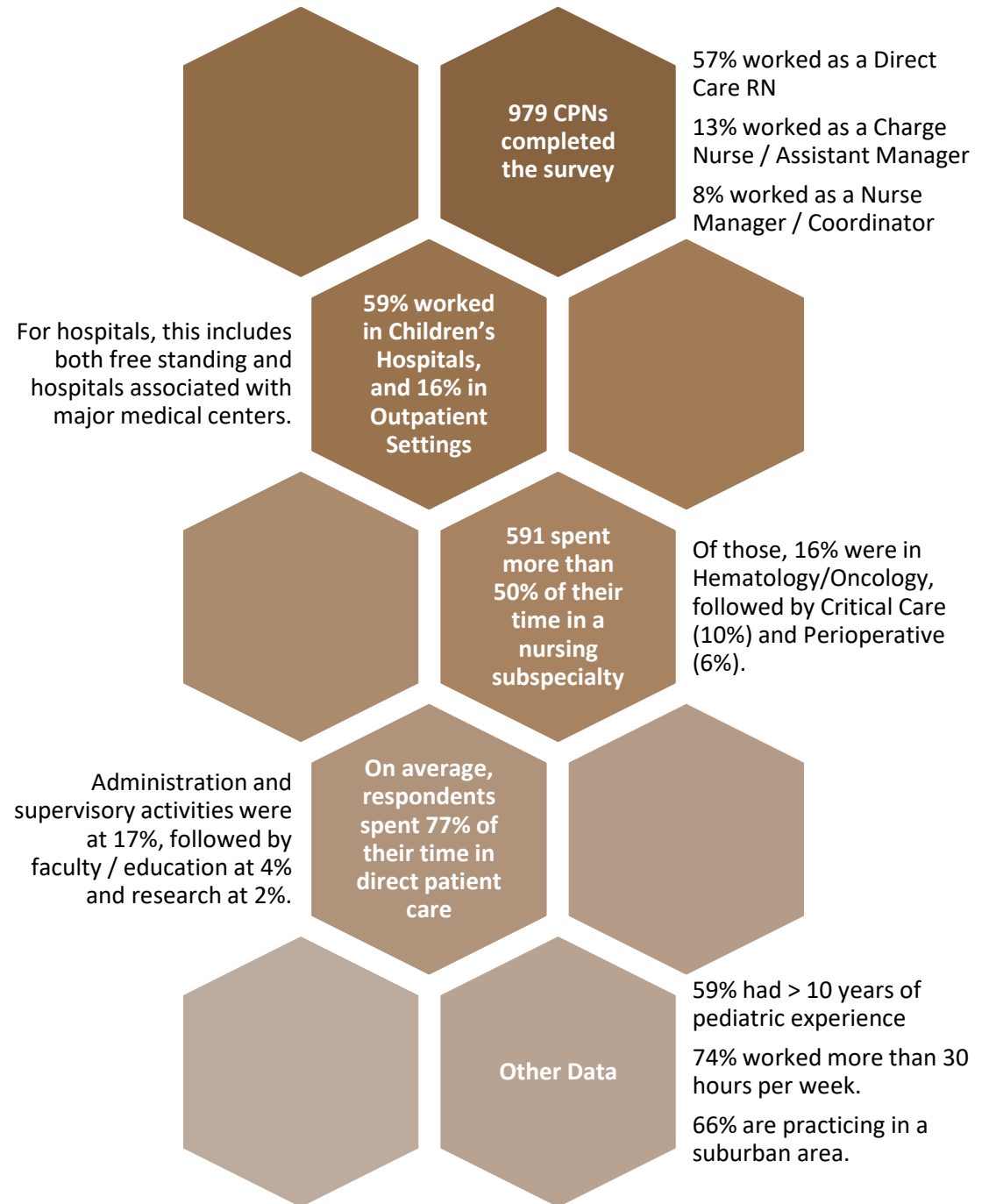
# The survey participants responded to these sections.

In addition to the delineation of practice, questions were also included on the CPN eligibility criteria as well as a brief salary survey.

| Survey Section                     | Rating  |
|------------------------------------|---|
| Screening                          | Yes/No  |
| Tasks                              | Frequency and Importance  |
| Domains                            | Percentage of Time and Importance & Percentage of CPN Examination |
| Sub-domains (when they existed)    | Level of Importance & Percentage of Time Spent                    |
| Clinical Categories                | Most and Least Encountered  |
| Procedures and Interventions       | Performance Frequency   |
| Survey Comprehensiveness           | Completeness of survey  |
| Demographic/Professional Questions | Various Formats   |
| Salary Questions                   | Various Formats   |
| Eligibility Criteria Questions     | Various Formats   |

# Results at a Glance

Most survey participants indicated the role of the pediatric nurse providing services to children, adolescents, and young adults was adequately to completely covered.



# Demographics of the CPN Over Time...

|   | 2016-2017  | 2021-2022  |
|---|--|--|
| <b>Primary Practice Setting</b>                               | <ul style="list-style-type: none"> <li>• Combined Medical/Surgical Unit 27.6%</li> <li>• Intensive Care Unit 14.2%</li> <li>• General Medical Unit 13.4%</li> <li>• Subspecialty Unit 10.8%</li> <li>• Perioperative 9.1%</li> </ul> | <ul style="list-style-type: none"> <li>• Combined Medical/Surgical Unit 20.1% ↓</li> <li>• Intensive Care Unit 17.4% ↑</li> <li>• Subspecialty Unit 17.1% ↑</li> <li>• General Medical Unit 11.9% ↓</li> <li>• Other (e.g., ambulatory care, float pool) 9.1% ↑</li> </ul> |
| <b>Location of Practice Setting</b>                           | <ul style="list-style-type: none"> <li>• Urban 68.7%</li> <li>• Suburban 27.1%</li> <li>• Rural 4.2%</li> </ul>  | <ul style="list-style-type: none"> <li>• Urban 66% ↓</li> <li>• Suburban 27%</li> <li>• Rural 7% ↑</li> </ul>  |
| <b>Highest Degree in Nursing</b>                              | <ul style="list-style-type: none"> <li>• Bachelor of Science in Nursing 61.2%</li> <li>• Master's in Nursing 15.7%</li> <li>• Associate's in Nursing Degree 15.3%</li> </ul>   | <ul style="list-style-type: none"> <li>• Bachelor of Science in Nursing 63.4%</li> <li>• Master's in Nursing 22.4% ↑</li> <li>• Associate's in Nursing Degree 8.8% ↓</li> </ul>  |
| <b>Top 5 Conditions Seen (in order)</b>                       | <ol style="list-style-type: none"> <li>1. Respiratory</li> <li>2. Gastrointestinal</li> <li>3. Infectious Disease</li> <li>4. Emergency/Trauma/Poisoning</li> <li>5. Neurology</li> </ol>  | <ol style="list-style-type: none"> <li>1. Respiratory</li> <li>2. Gastrointestinal/Nutritional</li> <li>3. Behavioral/Mental Health ↑</li> <li>4. Infectious Disease ↓</li> <li>5. Neurology</li> </ol>  |
| <b>Top 5 States, by volume, where the Role is represented</b> | <ol style="list-style-type: none"> <li>1. Texas</li> <li>2. Ohio</li> <li>3. Pennsylvania</li> <li>4. California</li> <li>5. Florida</li> </ol>  | <ol style="list-style-type: none"> <li>1. Texas</li> <li>2. Ohio</li> <li>3. California</li> <li>4. Pennsylvania</li> <li>5. Florida</li> </ol>  |

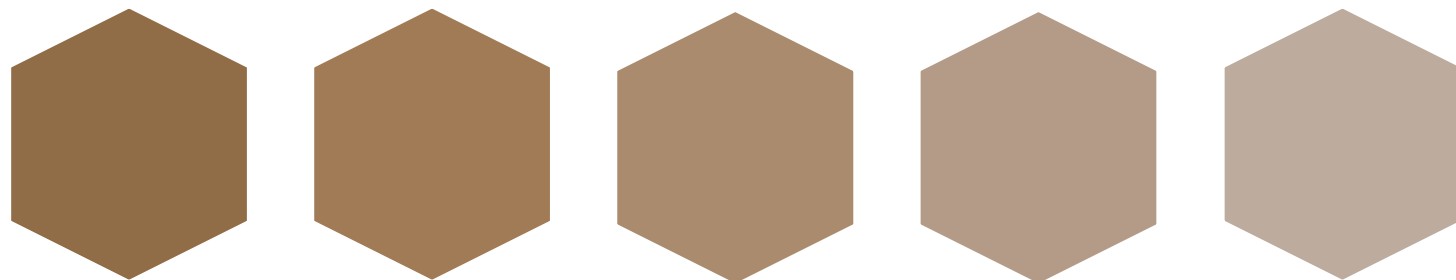
# Content Outline Impact

*OVERALL*

The **description of the specialty** was first reviewed, and minor updates were made to reflect current terminology. Once updated, this description served as an anchor for all subsequent work.

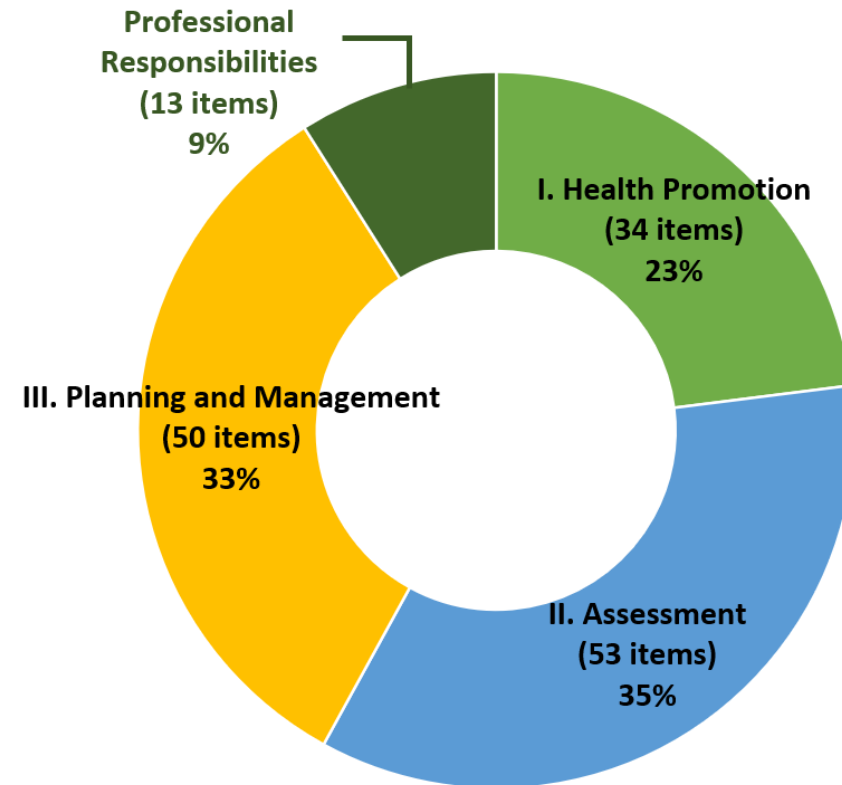
Of the 70 tasks surveyed, **69 met thresholds**, were validated and/or were retained based on their high importance ratings from key subgroups, and thus, included on the final content outline.

Additionally, listings of **clinical categories** and **procedures and interventions** were also surveyed for validation and inclusion.



# Content Outline Impact DOMAINS

The content domains – organized by *Health Promotion, Assessment, Planning and Management, and Professional Responsibilities* – have returned to a four (4) domain structure with Professional Responsibilities once again broken out as a standalone content category. Subtle refinements were made throughout the outline to the tasks.



*Allocations with the 2016-2017 study were Domain 1 Assessment (38%); Domain 2 Health Promotion (14%); Domain 3 Management (48%). Professional Responsibilities had been included within the Management domain on the 2016-2017 outline.*

# Content Outline Impact

## DOMAINS

### By Structure

| 2017 Domain Structure  | 2022 Domain Structure  |
|--|--|
| <ul style="list-style-type: none"><li>I. Assessment<ul style="list-style-type: none"><li>A. <i>Physical</i></li><li>B. <i>Psychosocial</i></li></ul></li><li>II. Health Promotion</li><li>III. Management<ul style="list-style-type: none"><li>A. <i>Acute and Chronic Illness</i></li><li>B. <i>Psychosocial/Behavioral</i></li><li>C. <i>Palliative and End of Life Care</i></li><li>D. <i>Professional Responsibilities</i></li></ul></li></ul> | <ul style="list-style-type: none"><li>A. Health Promotion</li><li>B. Assessment<ul style="list-style-type: none"><li>A. <i>Physical</i></li><li>B. <i>Psychosocial</i></li></ul></li><li>C. Planning and Management<ul style="list-style-type: none"><li>A. <i>Acute and Chronic Care for Physical and Behavioral Health Needs</i></li><li>B. <i>Psychosocial and Child/Family-centered Care</i></li><li>C. <i>Palliative and End of Life Care</i></li></ul></li><li>D. Professional Responsibilities<ul style="list-style-type: none"><li>A. <i>Acute and Chronic Illness</i></li><li>B. <i>Psychosocial/Behavioral</i></li><li>C. <i>Palliative and End of Life Care</i></li><li>D. <i>Professional Responsibilities</i></li></ul></li></ul> |

## By % of Items, # of Items per Domain

| 2017 Domain Structure             |     | 2022 Domain Structure                           |     |
|-----------------------------------|-----|---|-----|
| I. Assessment<br>(57 items)       | 38% | I. Health Promotion<br>(34 items)               | 23% |
| I. Health Promotion<br>(21 items) | 14% | II. Assessment<br>(53 items)                    | 35% |
| II. Management<br>(72 items)      | 48% | III. Planning and Management<br>(50 items)      | 33% |
|                                   |     | IV. Professional Responsibilities<br>(13 items) | 9%  |
| = 150 items                       |     | = 150 items                                     |     |

Content  
Outline  
Impact

*DOMAINS*

# Content Outline Impact

## TASKS

All current tasks in the CPN detailed content outline were retained either as-previously-written or with minor editorial updates.

*Added* tasks include:

- **Health Promotion**

- Building resilience and healthy coping

- **Assessment**

- Assess the child's environments (e.g., home, school, health care setting) for developmental, cognitive, and physical needs
- Assess impacts of adverse childhood experiences (ACEs) (e.g., death of caregiver, divorce, abuse) and social determinants of health (e.g., socio-economic status, displacement, racial inequalities)

# Content Outline Impact

## TASKS

*Added* tasks include (continued):

### ■ **Planning and Management**

- Collaborate with members of the child’s health care team to contribute to an accurate medical diagnosis
- Integrate trauma-informed care principles (e.g., safety, trustworthiness and transparency, choice) into care planning and management

### ■ **Professional Responsibilities**

- Advocate at the system and governmental levels for policies that support children and families (e.g., patient ratios, access to care, resources)
- Engage in interdisciplinary collaboration to provide comprehensive care

# Content Outline Impact

Previously named “Clinical Problems”, the listing of Clinical Categories retained 16 of the 18 which were surveyed. Survey respondents were asked to rank their MOST frequently seen, and LEAST frequently seen. The order shown here represents the specific condition, by volume, represented on the exam.

## CLINICAL CATEGORIES

|    |                                  |
|----|----------------------------------|
| 1  | Respiratory                      |
| 2  | Gastrointestinal/Nutritional     |
| 3  | Behavioral/Mental Health         |
| 4  | Infectious Disease               |
| 5  | Neurology                        |
| 6  | Eye, Ear, Nose and Throat        |
| 7  | Endocrine/Metabolic              |
| 8  | Musculoskeletal                  |
| 9  | Trauma                           |
| 10 | Hematology/Oncology              |
| 11 | Emergencies/Poisoning/Overdose   |
| 12 | Cardiovascular                   |
| 13 | Genitourinary/Renal/Reproductive |
| 14 | Skin/Wound/Burns                 |
| 15 | Child Maltreatment and Neglect   |
| 16 | Allergy/Immunology/Rheumatology  |

**Respiratory, Gastrointestinal (Nutritional), Infectious Disease, and Neurology** remained among the most frequently seen diagnoses.

**Behavioral / Mental Health** jumped from previous rank of 13, to rank 3.

**Trauma** is now a standalone clinical category (at rank 9) where before, it was combined with Emergencies/Poisoning.

**Allergy / Immunology / Rheumatology** (at rank 16) now includes Rheumatology where it previously did not.

# Content Outline Impact

Nineteen (19) procedures and interventions were surveyed in the instrument asking respondents how frequently they had performed each in the past 12 months, from never to daily. Fifteen (15) met validation through a 5-point frequency scale.

## PROCEDURES AND INTERVENTIONS

Exam content will include a focus on the following procedures and interventions (listed alphabetically).

- Body temperature regulation
- Fluid and electrolytes administration
- Infection prevention and use of PPE **NEW**
- Line and tube maintenance: Drainage devices (e.g., surgical, urinary, neurological)
- Line and tube maintenance: Enteral tubes
- Line and tube maintenance: Respiratory devices (e.g., tracheostomy, chest tube, O<sub>2</sub> delivery)
- Line and tube maintenance: Vascular access devices
- Medication administration
- Nutrition support (e.g., therapeutic diets, oral hydration, tube feeding)
- Physiological monitoring (e.g., ECG, pulse oximetry, ETCO<sub>2</sub>)
- Positioning (e.g., procedures, developmental, devices, therapeutic)
- Preventative safety measures (e.g., safe sleep, seizure precautions, fall prevention) **Previously titled “Implement safety precautions”**
- Skin and wound care
- Specimen collection and point of care testing
- Suctioning

Blood product administration, phototherapy, procedural sedation, and restrictive interventions did not meet the threshold and are no longer listed.

# Exam Details

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- **There were no changes in the number of questions**
  - ✓ 150 scored items and 25 unscored items
  - ✓ A candidate will not be able to distinguish between scored and non-scored questions.
- **There was no change in time allotment**
  - ✓ 3.0 hours

# FAQs

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- **Q: When does the updated exam launch?**

- *A: New exam forms tied to the 2022 outline are expected to launch in October 2022. See PNCB's website for specific dates and other details.*

- **Q: Have the eligibility requirements changed as a result of this study?**

- *A: No, eligibility requirements have remained the same.*

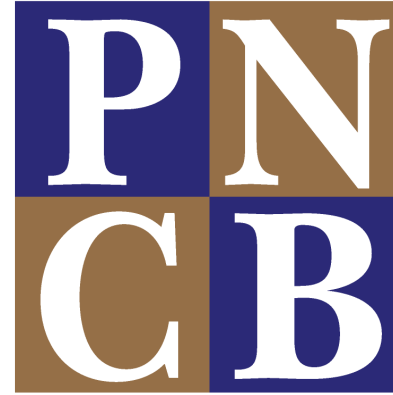
- **Q: Is there an advantage in taking one version of the exam over the other?**

- *A: No, both will equally assess your knowledge.*

# FAQs

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- **Q: Will the updated outline include questions about COVID?**
  - **A:** *While COVID is an extremely prevalent and important topic, national guidelines or recommendations regarding COVID may change more frequently than other foundational information or topics within the infectious disease clinical conditions category. JTA research did ask practicing CPNs the impact COVID has had on their everyday practice but did not collect data on frequency- or management- of the condition. There would only be an item about this disease on the CPN exam if it can be supported by a textbook reference or national consensus guideline.*
- **Q: Do I need to study differently with this updated outline?**
  - **A:** *No, the reference list remains the same because the tasks listed on the new outline have not changed significantly from the previous outline.*



**If you have questions, please visit:  
[www.pncb.org](http://www.pncb.org) or email [exam@pncb.org](mailto:exam@pncb.org).  
Our team will be glad to assist.**

*We wish you much success on your upcoming exam.*