

2022-2023

Job Task Analysis for the: Certified Pediatric Nurse Practitioner – Primary Care (CPNP-PC[®]) Exam

WHAT IS IT, AND WHY DO IT?



PURPOSE OF THE STUDY

The goals of the JTA were to develop updated test specifications and a detailed content outline for the CPNP-PC examination and update the inventory of:

- ✓ **tasks** (includes validation) performed by primary care pediatric nurse practitioners,
- ✓ **clinical categories** encountered, and
- ✓ **procedures** performed.

Additionally, this study also surveyed:

- ✓ **delineation of knowledge areas** need to perform the job tasks, as well as
- ✓ **screening and assessment tools** commonly used by CPNP-PCs in practice.

History and Purpose, cont.

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

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.

In order to develop a content outline for the certification examination, the JTA study identifies tasks, knowledge **areas**, skills, or abilities deemed important for primary care pediatric nurse practitioners in various settings who provide care to the pediatric population, newborns through young adults.

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



What are the steps involved?

Over a period of several months between July 2022 and January 2023, the following occurred:

1. Development of the survey instrument with subject matter experts (SMEs) from around the country who hold the CPNP-PC 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 **survey** instrument for clarity and comprehensiveness.

What are the steps involved?

(cont.)

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

All PNCB certifications are accredited by the prestigious National Commission for Certifying Agencies (NCCA) and accepted for Magnet Recognition Program demographic data collection. Beware of other programs lacking accreditation.

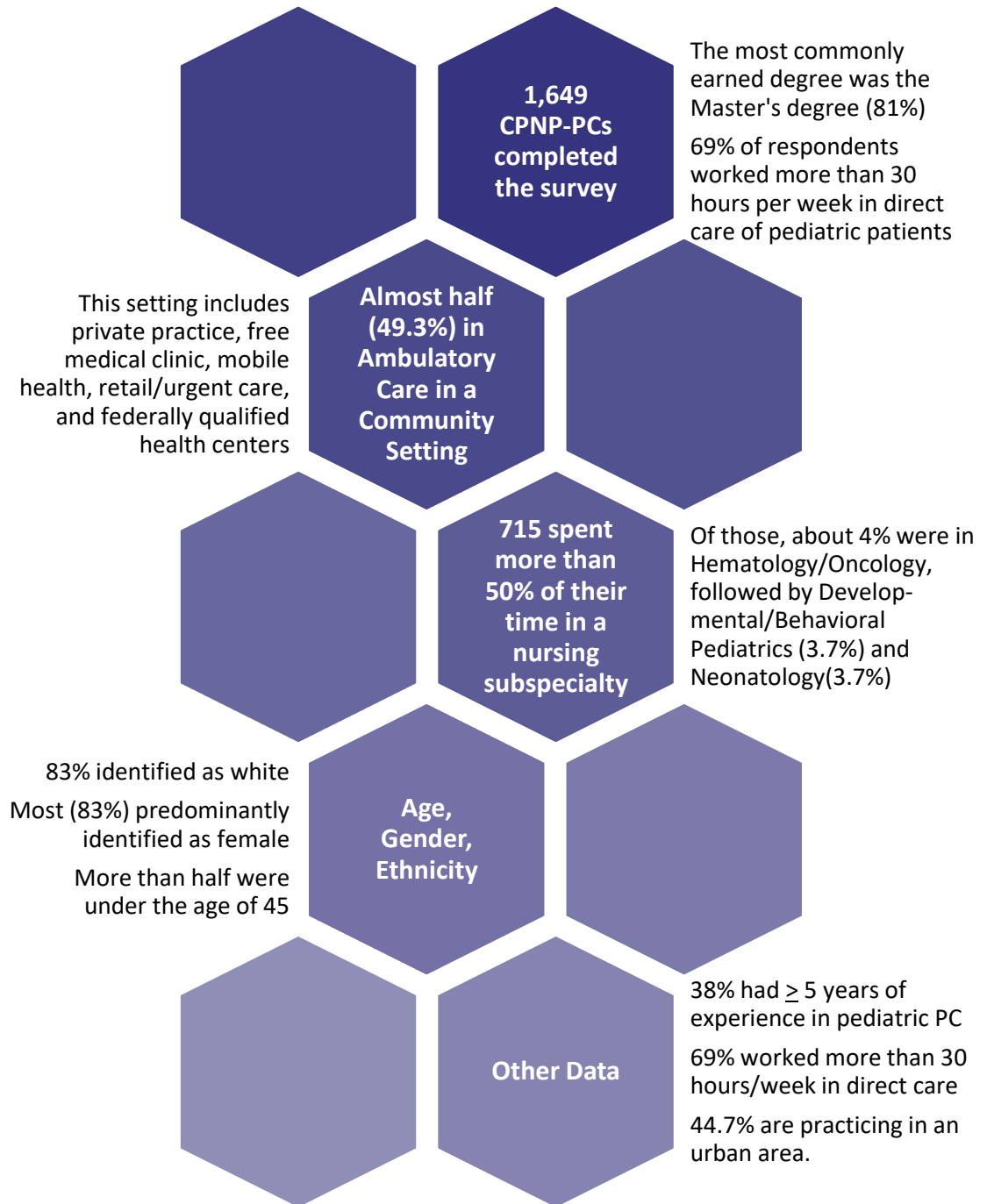


The survey participants responded to these sections, or categories, of questions:

Survey Section	Rating
Screening	Yes/No
Tasks	Frequency and Importance
Domains	Percentage of Time and Importance & Percentage of CPNP-PC Examination
Knowledge Areas	Use-of Frequency and Importance
Procedures	Performance Frequency and Importance
Clinical Categories	Most and Least Encountered
Screening and Assessment Tools	Administered and/or Interpreted
Survey Comprehensiveness	Completeness of survey
Demographic / Professional Questions	Various Formats
Salary Questions	Various Formats
Gender, Ethnicity Questions	Various Formats

Results at a Glance

Most survey participants indicated that the role of the primary care pediatric nurse practitioner providing services to children, adolescents, and young adults was adequately, very well, or completely covered.



Demographics of the CPNP-PC Over Time

	2017-2018	2022-2023
Primary Employment Setting	<ul style="list-style-type: none"> • Private practice 45.60% • Children's hospital – outpatient clinic 15.5% • Major medical center – outpatient clinic 5.8% • Community hospital – outpatient clinic 5.7% • Children's hospital – inpatient 5.5% 	<ul style="list-style-type: none"> • Private Practice 38.10% • Free-standing Children's Hospital – Outpatient 8.10% • Academic Free-standing Children's Hospital – Outpatient 7.1% • Federally Qualified Health Center 6.90% • Community Hospital – Outpatient 6.90%
Highest Academic Degree in Nursing	<ul style="list-style-type: none"> • Bachelor's Degree 1.6% • Master's Degree 84.5% • Doctoral Degree 13.5% • Other < 1% 	<ul style="list-style-type: none"> • Bachelor's degree < 1% ↓ • Master's degree 81.10% ↓ • Doctoral degree 18.20% ↑ • Other < 1%
Top 5 Conditions Seen (in order)	<ol style="list-style-type: none"> 1. Head, Eye, Ear, Nose, and Throat (HEENT) 2. Dermatology 3. Allergy 4. Gastroenterology 5. Developmental / Behavioral / Mental Health 	<ol style="list-style-type: none"> 1. Developmental, Behavioral, & Mental Health ↑ 2. Dermatology 3. Allergy/Immunology 4. Otolaryngology ↓ 5. Gastroenterology ↓

Demographics of the CPNP-PC Over Time

	2017-2018	2022-2023
Prescriptive Privileges	<ul style="list-style-type: none"> • Full: Schedules II – V 62.6% • Partial: Cannot prescribe Schedule II 26.6% • Partial: Limited other Schedules (not II) 8.8% • None: cannot prescribe medications 2% 	<ul style="list-style-type: none"> • Full: Schedules II – V 66.4% ↑ • Partial: cannot prescribe Schedule II 22.4% ↓ • Partial: limited other Schedules (not II) 8.4% ↓ • None: cannot prescribe medications 2.7% ↑
Location of Practice Setting	<ul style="list-style-type: none"> • Urban 45.7% • Suburban 41.1% • Rural 13.1% 	<ul style="list-style-type: none"> • Urban 44.7% ↓ • Suburban 40.7% ↓ • Rural/semi-rural 14.6% ↑
Top 5 States, by volume, where the Role is represented	<ol style="list-style-type: none"> 1. Texas 12% 2. California 7.3% 3. New York 5.7% 4. Illinois 4.9% 5. Massachusetts 4.9% 	<ol style="list-style-type: none"> 1. Texas 8.4% 2. New York 6.9% ↑ 3. California 6.2% ↓ 4. Florida 6.2% ↑ 5. Ohio 5.3% ↑

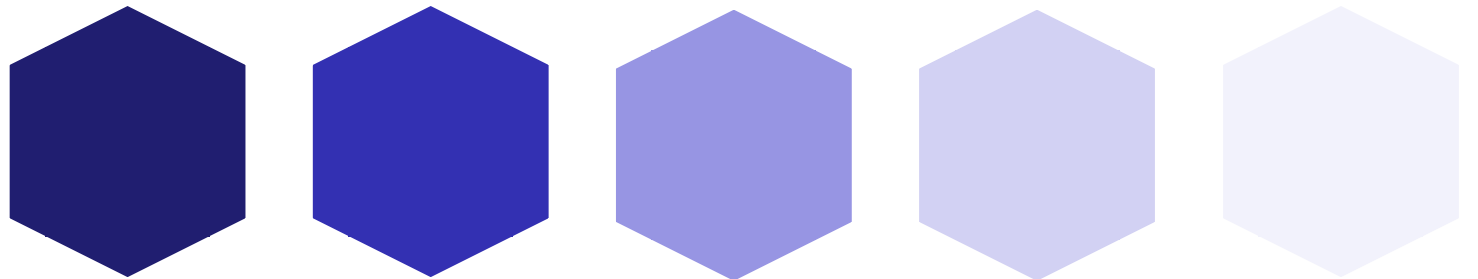
Content Outline Impact

OVERALL

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

Of the 59 tasks surveyed, **all were included** in the final content outline because they (1) met thresholds for validation or (2) were retained based on high-importance ratings from key subgroups.

Additionally, listings of **clinical categories, procedures, and screening and assessment tools** were also surveyed for validation and inclusion. Foundational **knowledge areas** were also surveyed and are now listed as foundational themes of the exam.



Content Outline Impact

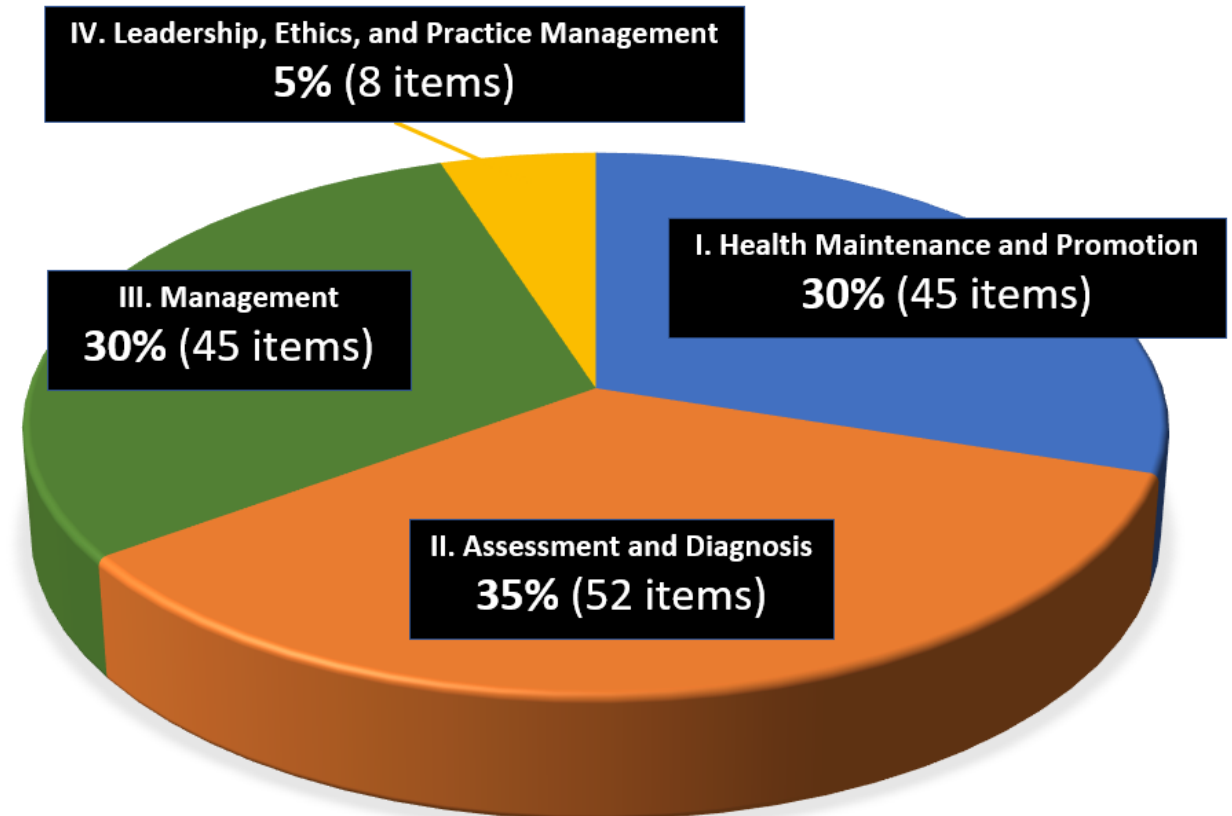
DOMAINS

Domain allocations of the updated 2022-2023 outline remain identical to those on the 2017-2018 outgoing CPNP-PC exam outline.

The content domains, organized as follows, remain a four (4) domain structure with only slight naming variances in Domain IV only:

- I. Health Maintenance and Promotion,*
- II. Assessment and Diagnosis,*
- III. Management, and*
- IV. Leadership, Ethics, and Practice Management*

Subtle refinements were made throughout the outline of the tasks.



By % of Items, # of Items per Domain

Content Outline Impact

DOMAINS

2018 Domain Structure	2023 Domain Structure
<p>I. Health Maintenance and Promotion 30% of the exam, at <u>45 scored items</u></p> <p>II. Assessment and Diagnosis 35% of the exam, at <u>52 scored items</u></p> <p>III. Management 30% of the exam, at <u>45 scored items</u></p> <p>IV. Professional Role and Responsibilities 5% of the exam, at <u>8 scored items</u></p>	<p>I. Health Maintenance and Promotion 30% of the exam, at <u>45 scored items</u></p> <p>II. Assessment and Diagnosis 35% of the exam, at <u>52 scored items</u></p> <p>III. Management 30% of the exam, at <u>45 scored items</u></p> <p>IV. Leadership, Ethics, and Practice Management 5% of the exam, at <u>8 scored items</u></p>
= 150 items	= 150 items

Content Outline Impact

TASKS

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

Added tasks include:

■ **Health Maintenance and Promotion**

- Provide immunization counseling according to current national guidelines, including discussion of:
 - Indications and contraindications
 - Adverse effects
 - Vaccine hesitancy
 - Risks of non-adherence

■ **Assessment and Diagnosis**

- Screening and assessment:
 - Select, utilize, and interpret social determinants of health screening and assessment tools
 - Select, utilize, and interpret disease-specific screening and assessment tools

Content Outline Impact

TASKS

Added tasks include (continued):

■ **Management**

- Collaboration and Referral:
 - Advocate on behalf of patients and families to improve health outcomes

■ **Leadership, Ethics, and Practice Management**

- Leadership and Evidence-based Practice
 - Advocate at the local, state, and federal levels in support of professional practice and/or issues that impact patient care
- Practice Management
 - Increase access to care (e.g., provide access to interpreters, improve access for clients with various disabilities, facilitate transportation, extend appointment hours, telehealth)

Content Outline Impact

Previously “Clinical Problems”, the listing of Clinical Categories retained all previous 18 categories and grew by 3 based on refinement of words or creating a standalone category that had been previously combined. 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	Developmental, Behavioral, & Mental Health
2	Dermatology
3	Allergy/Immunology
4	Otolaryngology
5	Gastroenterology
6	Infectious Diseases
7	Pulmonology
8	Musculoskeletal/Orthopedic
9	Nutrition
10	Sexual and Reproductive Health
11	Cardiology
12	Neurology
13	Pain
14	Endocrinology
15	Urology/Nephrology
16	Child Maltreatment NEW
17	Ophthalmology
18	Environmental Health/Toxicology
19	Hematology/Oncology
20	Genetics
21	Rheumatology

Developmental, Behavioral, & Mental Health jumped from the previous rank of 5 to rank 1.

Dermatology, Allergy (now combined with **Immunology**), **Gastroenterology**, and **Otolaryngology** (previously HEENT) remained among the most frequently seen diagnoses.

Child Maltreatment is a new clinical category (at rank 16).

Sexual and Reproductive health (at rank 10) was renamed from GYN, Reproductive Health, and Sexual Identity (and jumped from a lower rank since 2018).

Orthopedic is now part of **Musculoskeletal/Orthopedic** (rank 8)

Content Outline Impact

Twenty-seven (27) 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, and how important is it for entry-level primary care PNPs to be able to perform the procedure. Eight (8) met validation through a 5-point frequency scale, and 2 more were recommended by the Task Force to be retained.

PROCEDURES

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

- Cerumen removal
- Collect skin and body fluid specimens
- Fluorescein staining
- Fluoride application **NEW**
- Incision and drainage
- Reduction of nursemaid's elbow
- Removal of foreign body
- Removal of sutures and staples
- Umbilical cord cauterization
- Wart removal

Audiometry, rapid tests, STI testing, spirometry/pulmonary function test, and visual acuity (on the previous outline) did not meet the threshold and are no longer listed.

Content Outline Impact

New with this study, a listing of screening or assessment tools was surveyed and was considered validated for inclusion in the outline if at least 40% of the respondents either administered and/or interpreted the tool. A total of 11 tools met this criterion. A 12th tool (ACE) was recommended by the Task Force for inclusion and is also listed.

SCREENING AND ASSESSMENT TOOLS **NEW**

Exam content will include a focus on the following screening and assessment tools *(listed alphabetically)*:

- Adverse Childhood Events (ACE) Questionnaire
- Ages & Stages Questionnaire
- Ages & Stages Questionnaire: Social-Emotional
- Ask Suicide-Screening Questions
- CRAFFT Alcohol and Substance Screening Tool
- Edinburgh Postnatal Depression Scale (EPDS)
- Generalized Anxiety Disorder 7-item scale (GAD-7)
- Modified Checklist for Autism in Toddlers, Revised, with Follow-Up (M-CHAT-R/F)TM
- NICHQ Vanderbilt Assessment Scales [any version]
- Patient Health Questionnaire (PHQ) [any version]
- Pediatric Symptom Checklist (PSC)
- Screen for Child Anxiety Related Emotional Disorders (SCARED)

KNOWLEDGE AREAS



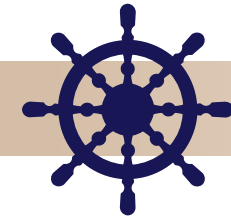
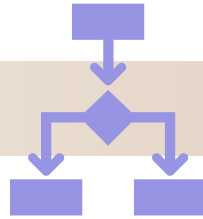
Overarching knowledge areas were validated in this study and are a new aspect of this updated CPNP-PC content outline.

The study asked those who held the CPNP-PC credential and answered the survey:

“How frequently did you use a knowledge area during the past 12 months?” and “How important is that knowledge area to entry-level primary care pediatric nurse practitioner practice?”

These overarching knowledge areas (next page) represent foundational information or “themes” upon which any item appearing on the exam form can be based. Be familiar with these themes when developing and implementing a study plan.

KNOWLEDGE AREAS **NEW**



Population Health

- ✓ Diversity, equity, inclusion, and belonging
- ✓ Social determinants of health (SDOHs)
- ✓ Global, public, and community health
- ✓ Immigrant, refugee, and migrant health
- ✓ Infection control
- ✓ Immunization guidelines

Clinical Decision Making

- ✓ Anatomy and physiology
- ✓ Pathophysiology
- ✓ Microbiology
- ✓ Epidemiology
- ✓ Pharmacology
- ✓ Advanced health assessment
- ✓ Diagnostic testing and screening
(*e.g., POC testing, lab tests, imaging*)
- ✓ Clinical reasoning
- ✓ Care coordination approaches
- ✓ Complementary and integrative health
- ✓ Inter- and intra-professional collaboration

Child Development and Family-Centered Care

- ✓ Growth and development
- ✓ Patient education techniques
(*e.g., adult learning theory, health literacy*)
- ✓ Communication theories and techniques
(*e.g., motivational interviewing, therapeutic communication*)
- ✓ Psychosocial risk factors
- ✓ Models of care
(*e.g., team-based care, trauma-informed care, family-centered, patient-centered*)
- ✓ Family systems theory
- ✓ Adverse Childhood Experiences (ACEs)
- ✓ Cultural humility
- ✓ Patient safety

APRN Leadership

- ✓ Evidence-based practice and quality improvement
- ✓ Ethics
- ✓ Leadership theory and approaches
- ✓ Advocacy techniques
- ✓ Professional accountability
- ✓ Federal, state, local regulations and laws
- ✓ Scopes of practice
- ✓ Licensure, credentialing, and privileging
(*e.g., publicly funded, private*)
- ✓ Billing and coding
- ✓ Informatics
(*e.g., patient portals, EMR/EHR*)
- ✓ Telehealth

Exam Details

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

FAQs

- **Q: When does the updated exam launch?**
 - **A:** *New exam forms tied to the 2023 outline are expected to launch in October 2023. 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

- **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 not collect specific data on the frequency- or management- of the condition. There would only be an item about this disease on the CPNP-PC exam if it could 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 or email exam@pncb.org
Our team will be glad to assist.**

We wish you much success on your upcoming exam.