

2023-2024 Job Task Analysis for the: Certified Pediatric Nurse Practitioner – Acute Care (CPNP-AC[®]) 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-AC examination and update the inventory of:

- ✓ **tasks** performed by acute care pediatric nurse practitioners,
- ✓ **clinical problems** encountered, and
- ✓ **procedures** performed.

Additionally, this study also surveyed:

- ✓ delineation of **knowledge areas** needed to perform the job tasks

History and Purpose

The Job Task Analysis (JTA) survey instrument obtains descriptive information about the demographics and role responsibilities of acute 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 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.

To develop a content outline for the certification examination, the JTA study identifies tasks, knowledge areas, skills, or abilities deemed important for acute care pediatric nurse practitioners in various settings who provide care to the pediatric population, which includes 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 2023 and January 2024, the following occurred:

1. Development of the survey instrument with subject matter experts (SMEs) from around the country who hold the CPNP-AC credential. This involved:
 - reflecting on trends in practice since the last JTA study (2018-2019),
 - commenting on the current outline, and
 - 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?

(continued)

3. Dissemination of the survey to all actively-certified CPNP-ACs.
4. Analysis of survey data.
5. Development of test specifications and an updated content outline, using survey findings and input from the SME Task Force.

All PNCB certifications are accredited by the prestigious National Commission for Certifying Agencies (NCCA) and accepted for the ANCC Magnet Recognition Program® demographic data collection.

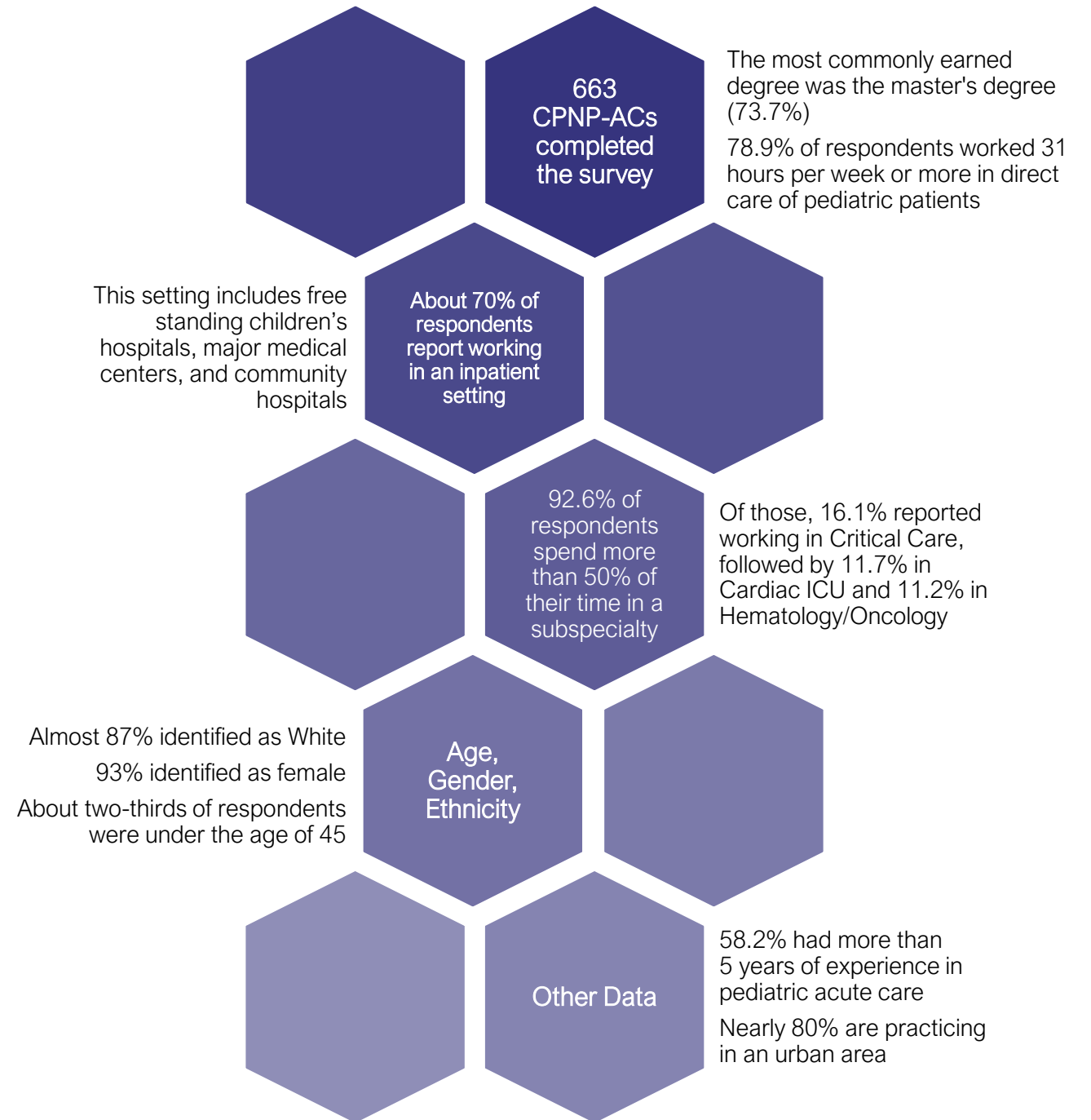


Survey participants responded to these sections, or categories, of questions:

Survey Section	Rating
Screening	Yes/No
Tasks	Frequency and Importance
Domains	Percentage of Time and Importance and Percentage of CPNP-AC Examination
Knowledge Areas	Frequency of use and Importance
Procedures	Performance Frequency and Importance
Clinical Problems	Most and Least Encountered
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 acute care pediatric nurse practitioner was adequately, very well, or completely covered by the JTA survey.



Demographics of the CPNP-AC Over Time

	2018-2019	2023-2024
Primary Employment Setting	<ul style="list-style-type: none"> • Practice in an urban setting 83.6% • Practice in inpatient settings 74% 	<ul style="list-style-type: none"> • Practice in an urban setting 79.5% • Practice in inpatient settings 69.1%
Highest Academic Degree in Nursing	<ul style="list-style-type: none"> • 79.6% Master's degree or Post-Master's certificate • 20.1% Doctoral degree (87% DNP, 12% PhD) 	<ul style="list-style-type: none"> • 73.7% Master's degree or Post-Master's certificate • 26.3% Doctoral degree (90.2% DNP, 6.9% PhD)
Most Common Primary Focus of Practice	<ol style="list-style-type: none"> 1. Critical Care (medical or mixed unit) 2. Cardiac ICU 3. Hematology/Oncology 4. Cardiology 	<ol style="list-style-type: none"> 1. Critical Care (medical or mixed unit) 2. Cardiac ICU 3. Hematology/Oncology 4. Emergency
Prescriptive Privileges	<ul style="list-style-type: none"> • 99.2% Yes, I can prescribe • 78.0% Full: Schedules II – V • 15.8% Partial: Cannot prescribe Schedule II • 5.4% Partial: Limited other Schedules (not II) • 0.8% No, I cannot prescribe 	<ul style="list-style-type: none"> • 99.4% Yes, I can prescribe • 74.9% Full: Schedules II – V • 17.7% Partial: Cannot prescribe Schedule II • 6.8% Partial: Limited other Schedules (not II) • 0.6% No, I cannot prescribe

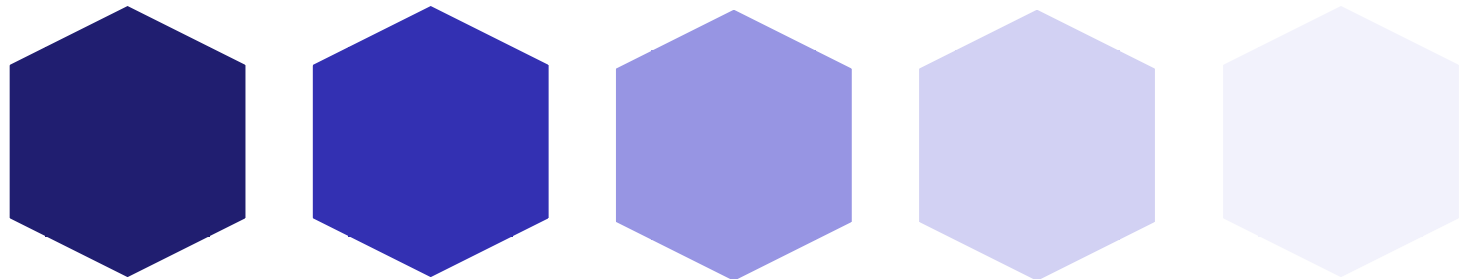
Content Outline Impact

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 **31 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, lists of **clinical problems and procedures**, were surveyed for validation and inclusion. **Knowledge areas**, or themes upon which any item appearing on the exam can be based, were also surveyed.



Content Outline Impact

DOMAINS

Domain allocations of the updated 2023-2024 outline have been slightly adjusted compared to those on the previous 2018-2019 CPNP-AC exam outline.

The exam content outline remains organized according to a four (4) domain structure as follows:

	2018-2019	2023-2024
Domain I Assessment	30% (45 questions)	34% (51 questions)
Domain II Diagnosis	25% (38 questions)	24% (36 questions)
Domain III Management	40% (60 questions)	37% (56 questions)
Domain IV Professional Practice Role	5% (7 questions)	5% (7 questions)

Content Outline Impact

SUBDOMAINS and TASKS

All tasks on the 2018-2019 CPNP-AC content outline were retained either as previously written or were collapsed into more overarching categories to decrease redundancy on the 2023-2024 content outline.

- **Domain I: Assessment**

- ***NEW*** I.D. Identify and order diagnostic studies (for example, blood and body fluids, EKG, imaging)

Note: This task was moved from Domain III: Management (2018-2019 content outline)

- Three (3) sets of subdomains/tasks on the 2018-2019 content outline were revised and combined into a single task on the updated 2023-2024 content outline.
- Three (3) tasks are identical between the outlines.

Content Outline Impact

*SUBDOMAINS
and
TASKS*

(continued)

- Domain II: Diagnosis
 - Minor edits were made to the wording of both subdomains in this domain.
 - Subdomain II.B. was expanded:
 - Establish primary diagnosis(es) based on all available patient data, *including laboratory and diagnostic studies*

Content Outline Impact

SUBDOMAINS and TASKS

(continued)

- Domain III: Management
 - Diagnostic and laboratory studies were removed from the management domain and moved to Domain I: Assessment and Domain II: Diagnosis.
 - Two (2) sets of tasks on the 2018-2019 content outline were revised and combined into a single task on the updated 2023-2024 content outline.
 - Minor edits were made to the wording of 9 subdomains/tasks in this domain.
 - Three (3) subdomains/tasks are identical between the outlines.

Content Outline Impact

SUBDOMAINS and TASKS

(continued)

- Domain IV: Professional Practice Role
 - Minor edits were made to the wording of 5 tasks in this domain.

Content Outline Impact

All previous 21 clinical problems were retained; 1 new clinical problem was defined as 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 clinical problem, by volume, represented on the exam.

CLINICAL PROBLEMS

1	Respiratory
2	Infectious Disease
3	Gastrointestinal/Nutrition
4	Neurologic
5	Cardiac
6	Analgesia/Sedation/Delirium
7	Renal
8	Oncologic
9	Hematologic
10	Trauma/Burns
11	Palliative Care/Hospice/End of Life
12	Behavioral/Mental Health
13	Endocrine
14	Genetic
15	Child Maltreatment
16	Otolaryngologic/Cranio-facial
17	Musculoskeletal
18	Toxicologic
19	Allergic/Immunologic/Rheumatologic
20	Genitourinary
21	Metabolic
22	Dermatologic

- Trauma/Burns/Child Maltreatment was broken into two separate clinical problems; **Child Maltreatment** is now a standalone clinical problem at 15
- Pain/Sedation is now **Analgesia/Sedation/Delirium** and moved down from 4 to 6
- **Behavioral/Mental Health** moved up from 14 to 12
- **Musculoskeletal** moved down from down from 12 to 17
- **Dermatologic** moved down from 17 to 22

PROCEDURES

Content Outline Impact

Thirty-three (33) procedures and interventions were surveyed in the instrument asking respondents how important is it for entry-level acute care PNs to be able to perform the procedure. Procedures that were determined to be “highly important” or “moderately important” were included.

Exam content will include a focus of general knowledge about the indications for, risks, benefits, and potential complications of the procedures (listed alphabetically to the right):

Airway adjunct (e.g., oral airway, LMA, nasopharyngeal)
Arterial line: insertion
Central line insertion
Chest tube insertion
Chest tube removal
Extubation
Foreign body removal
Incision and drainage
Intubation
Lumbar puncture
Needle decompression
PICC: insertion
Point of care ultrasound
Procedural sedation
Skin closure
Surgical drain removal
Suturing
Wound debridement

Procedures highlighted in blue are newly validated for the 2023-2024 content outline.

Content Outline Impact

Note about: ventilator management (non-invasive and invasive)

Ventilator management (non-invasive and invasive) was no longer defined as a procedure by the Task Force and therefore was not surveyed for inclusion on this list.

However, questions about ventilator management can still be part of an exam form and are linked to this task on the content outline:

III.A.4. Prescribe, use, and monitor technological devices
(for example, [mechanical ventilation](#), continuous blood glucose monitor, non-invasive and invasive monitoring)

KNOWLEDGE AREAS



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

The study asked those who both held the CPNP-AC credential and responded to the survey:

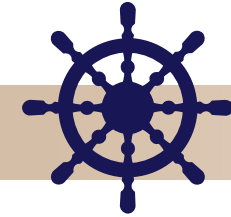
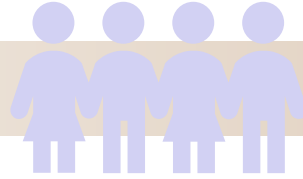
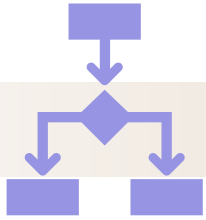
“How frequently did you use a knowledge area during the past 12 months?” and “How important is that knowledge area to entry-level primary care pediatric nurse practitioner practice?”

These overarching knowledge areas (next slide) represent foundational information or “themes” upon which any item appearing on the exam form can be based.

Candidates should be familiar with these themes when developing and implementing a study plan.

KNOWLEDGE AREAS

NEW!



Clinical Reasoning and Decision-Making

- ✓ Anatomy and physiology
- ✓ Pathophysiology
- ✓ Epidemiology and etiology
- ✓ Microbiology
- ✓ Advanced health assessment
- ✓ Components of a health history
- ✓ Growth and development
- ✓ Pharmacology (including pharmacodynamic, pharmacokinetic, and pharmacogenomic factors)
- ✓ Triage and prioritization criteria
- ✓ Resuscitation and stabilization
- ✓ Diagnostic testing and screening (e.g., POC testing, lab tests, imaging)
- ✓ Technology (e.g., monitoring, interventional, apps, durable medical equipment)
- ✓ Informatics (e.g., patient portals, EMR/EHR)
- ✓ Complementary and integrative health
- ✓ Care coordination approaches
- ✓ Inter- and intra-professional and multidisciplinary collaboration

Family-Centered Care and Engagement

- ✓ Models of care (e.g., team-based care, trauma-informed care)
- ✓ Education techniques (e.g., adult learning theory, health literacy)
- ✓ Advanced communication strategies (e.g., motivational interviewing, therapeutic communication, crucial conversations)
- ✓ Special considerations for at-risk populations (e.g., non-speaking, foster care, developmentally delayed, neurologically impaired)
- ✓ Diversity, equity, inclusion, and belonging
- ✓ Cultural sensitivity
- ✓ Pediatric safety (e.g., psychological, physical, environmental)

Global, Public, and Community Health

- ✓ Social determinants of health (SDOH)
- ✓ Health disparities
- ✓ Human trafficking
- ✓ Environmental impacts on health
- ✓ Immigrant, refugee, and migrant health
- ✓ Infection prevention and control
- ✓ Disaster preparedness

Professional Role

- ✓ Evidence-based practice and quality improvement
- ✓ Ethics
- ✓ Leadership principles and approaches
- ✓ Professional accountability and autonomy
- ✓ Scope of practice
- ✓ Licensure, credentialing, and privileging
- ✓ Advocacy strategies
- ✓ Federal, state, and local rules, regulations, and laws

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 hours

FAQs

- **Q: When does the updated exam launch?**
 - *A: New exam forms aligned to the 2024 outline are expected to launch in **December 2024**. 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.*
- **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 success on your upcoming exam.