ANCC
AMERICAN NURSES CREDENTIALING CENTER
CERTIFICATION

2014
Adult-Gerontology Primary Care Nurse Practitioner
Role Delineation Study Summary Report

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Acknowledgements

Background

The American Nurses Credentialing Center (ANCC), which was incorporated in 1991 as a subsidiary of the American Nurses Association (ANA), is the largest nursing credentialing organization in the United States of America. ANCC's vision is to drive nursing excellence, quality care, and improved outcomes. Currently, ANCC offers 25 examinations at various levels including diploma and associate degree, baccalaureate, and advanced practice for nurse practitioners, clinical nurse specialists, and other disciplines. More than 22,000 candidates took an ANCC certification examination or submitted a portfolio for ANCC certification in 2014. In addition to certification, ANCC provides services such as the Magnet and Pathways to Excellence recognition programs for hospitals and other facilities that demonstrate excellence in nursing services, accreditation of continuing education programs, education, and consultation services, and outreach to nursing organizations around the globe.

Role Delineation Study Overview

Role delineation or job analysis studies are typically carried out at the national level with the goal of describing current practice expectations, performance requirements, and environments. ANCC's current goal is to conduct a study of each advanced practice specialty approximately every four years, in order to capture changes in work activities and the knowledge and skill areas required to perform those activities. The findings of a role delineation study are used to update the content of a certification examination.

The 2014 Adult-Gerontology Primary Care Nurse Practitioner Role Delineation Study involved two sets of activities that ran concurrently: a national web-based survey and a linking activity. The national survey was designed to collect information on the work activities Adult-Gerontology Primary Care Nurse Practitioners actually perform in practice, while the linking activity identifies the major knowledge and skill areas required to perform the work activities listed in the survey. The results of both of these processes were used in the updating of the test content outline and item distribution for the certification examination.

Updated Test Content Outline

The results of this role delineation study were used in developing and updating the test content outline for the Adult-Gerontology Primary Care Nurse Practitioner Examination. Examination forms produced based on the Adult-Gerontology Primary Care Nurse Practitioner Test Content Outline developed through this study are scheduled to go into effect on December 23, 2015.

Role of the Content Expert Panel

Throughout the study, ANCC invited professionals in practice and educators who teach courses relevant to Adult-Gerontology Primary Care Nurse Practitioners serving

on content expert panel (CEP) for this study. The internal qualifications and assembly criteria for the Adult-Gerontology Primary Care Nurse Practitioner CEP were met. All of the content experts serving on the CEP were certified by ANCC as an Adult-Gerontology Primary Care Nurse Practitioner and were invited to serve on the panel based upon their expertise in the specialty. The CEP developed the work activities and demographic items for the survey, linked knowledge and skill areas to the work activities list, and finalized the test content outline.

Survey Methodology

The 2014 Adult-Gerontology Primary Care Nurse Practitioner Role Delineation Study involved two sets of activities that ran concurrently: a national web-based survey and a linking activity. The purpose of the development and administration of the national survey was to collect information on the work activities adult-gerontology primary care nurse practitioners actually perform in practice. The role delineation study panel met for three days from February 19-21, 2014, to draft a pilot version of the survey and construct the initial map of knowledge, skills, and abilities (KSAs) relevant to the work activities included in the survey. A linking activity was also conducted to identify the major KSA domains and subdomains required to successfully perform the work activities listed in the survey. The results of both the survey and linking activity were used as foundational documents for updating the test content outline and item distribution in a three-day meeting from September 10-12, 2014.

Survey Chronology

The survey development, administration, and review spanned seven months.

February – April 2014
- The role delineation study panel along with ANCC staff drafted the survey.
- The survey was pilot tested and revised.

May – July 2014
- The CEP completed an activity to link all of the work activity survey items to the domains and subdomains in the KSA map.
- The final survey was administered on the web.

August – September 2014
- The survey activity results were analyzed, and activity weights were determined.
- The panel met to review the survey results and activity weights, and to discuss revisions to the test content outline and item distribution for the certification examination.

Sample Selection

In February 2014, there were a total of 354 actively certified ANCC Adult-Gerontology Primary Care Nurse Practitioners with mailing addresses in the United

States. Twenty-five of these Adult-Gerontology Primary Care Nurse Practitioners were selected via a stratified random sample, based on region, to participate in the pilot survey and all other ANCC certified Adult-Gerontology Primary Care Nurse Practitioners were invited to participate in the national survey. Table 1 presents the ANCC-certified Adult-Gerontology Primary Care Nurse Practitioners selected to participate in the national survey from each region.

Table 1. Number of ANCC-certified Adult-Gerontology Primary Care Nurse Practitioners selected per geographic region

Geographic Region	Number of Selected ANCC Certified	Percent of Total Population
Midwest – IA, NE, KS, OH, MO, MN, SD, ND, MI, IL, IN, WI	98	29.79
Northeast – NY, CT, MA, NJ, ME, PA, NH, VT, RI	124	37.69
Other – AE, AP, APO	0	0.00
South – TN, MS, TX, FL, LA, AL, GA, AR, OK, VA, MD, SC, DC, NC, WV, DE, KY	79	24.01
West – WA, AZ, CA, OR, CO, AK, ID, NM, UT, HI, NV, WY, MT	28	8.51
Total	329	100.00

Survey Development and Measures

From February 19-21, 2014, the CEP met in Silver Spring, Md., to draft the national Adult-Gerontology Primary Care Nurse Practitioner Role Delineation Study Survey for the 2014 role delineation study. The CEP reviewed and discussed the American Nurses Association's *Gerontological Nursing: Scope and Standards of Practice* (2010); the American Nurses Association's *Pediatric Nursing: Scope and Standards of Practice* (2008); as well as the work activities which were used in ANCC's 2011 Role Delineation Survey of Adult-Gerontology Primary Care Nurse Practitioners. Across multiple sessions in the three-day meeting, the CEP discussed and deliberated on additions, deletions, and revisions that should be made to update the 2014 work activity list to reflect current practices of Adult-Gerontology Primary Care Nurse Practitioners. As a result of this meeting, the panel reached consensus on a list of 85 work activities to be used in the 2014 survey. These work activities were divided into four domains: Assessment, Diagnosis, Clinical Management, and Role. The complete text of the work activities list is presented in Appendix A. The workgroup also identified and finalized a set of 18 demographic questions, which are presented in Appendix B.

During this meeting, the panel also reviewed and approved three scales that survey respondents would use to rate the work activities listed in the survey: Frequency (the frequency with which a work activity is performed), Performance Expectation (how soon on the job the performance of an activity is expected), and Consequence (the consequence of performing an activity incorrectly). The three questions associated with each work activity, and the instructions for answering them, are presented in Table 2.

The study design included combining each respondent's responses to each of the three rating scales in a hierarchical manner into one overall ranking of criticality. To select a procedure for combining the three scales, the importance of each scale to the performance of the work activity was considered. The performance expectation scale was determined to be more critical than the other two scales for representing entry-level practice, and the performance expectation scale was specifically designed to distinguish

entry-level skills from advanced skills. The consequence scale was regarded as less critical than the performance expectation scale, but more critical than the frequency scale. Therefore, the scales were combined so that a particular value on the performance expectation scale would outweigh or outrank all values on the consequence and frequency scales. This hierarchical scheme emphasized the work activities that are required of newly certified specialists and have the greatest impact on public health or safety. Thus, this hierarchical scheme was used as the organizing mechanism for combining responses from the three survey scales into an overall measure of criticality.

Table 2. Survey Questions for Rating Work Activity Statements

Please respond to each activity with three separate responses, one response in each category. When considering a response for one category, do not consider the other categories. For example: when considering the consequences of incorrect performance of an activity, do not worry about how frequently the activity is performed or whether it is expected to be performed. The possibility exists that an activity has severe consequences, even if it is rarely performed.

Performance Expectation: When is the nurse newly certified as an adult-gerontology primary care nurse practitioner first expected to perform this activity?
-- Within the first 6 months of certification.
-- After the first 6 months of certification.
-- Never expected to perform this activity.

Frequency: Considering your setting, how often does the nurse newly certified as an adult-gerontology primary care nurse practitioner perform this activity?
-- Not performed (The nurse newly certified as an adult-gerontology primary care nurse practitioner never performs this activity)
-- Seldom (The nurse newly certified as an adult-gerontology primary care nurse practitioner performs this activity a few times a year)
-- Monthly (The nurse newly certified as an adult-gerontology primary care nurse practitioner performs this activity approximately once a month)
-- Weekly (The nurse newly certified as an adult-gerontology primary care nurse practitioner performs this activity approximately once or twice a week)
-- Daily (The nurse newly certified as an adult-gerontology primary care nurse practitioner performs this activity approximately every day or multiple times a day)

Consequences: Incorrect performance of this activity could cause the patient:
-- Little or no physical or psychological harm.
-- Moderate physical or psychological harm.
-- Severe physical or psychological harm.

Data Collection

Pilot Testing. Using the same procedures intended for administering the final survey, the survey was piloted in March and April of 2014. Twenty-five ANCC certified Adult-Gerontology Primary Care Nurse Practitioners were selected using a stratified random sample from the entire population of board certified nurse practitioners in the specialty area. Twenty-five of the Adult-Gerontology Primary Care Nurse Practitioners invited to take the pilot survey completed the survey. The results of the pilot test indicated that the work activities were appropriate and reflective of the job of Adult-Gerontology Primary Care Nurse Practitioners. However, a post-pilot survey conference call was conducted to present the results of the pilot survey and provide CEP members with an opportunity to make any needed revisions to the survey.

National Survey. In May and June of 2014, the 329 ANCC-certified Adult-Gerontology Primary Care Nurse Practitioners invited to take the national web-based

survey were sent at least two of three notifications via the United States Postal Service: an alert letter, and two follow-up reminders. The alert letter explained the purpose and importance of the study, the eligibility criteria of the study, and stated how to access the survey via the internet. The letter indicated that the participant's responses would be kept confidential.

The letter also noted that respondents completing the survey would receive a five hour reduction of their continuing education requirement for ANCC recertification in the specialty area. The first follow-up reminder letter was sent about two weeks after the alert letter to all respondents. The reminder included language thanking individuals who had already submitted their completed survey, as well as language encouraging individuals to complete the survey, if they had not already done so. The final follow-up reminder letter was sent out only to individuals who had not yet responded to the survey and was sent out approximately two weeks prior to the end of the survey administration period.

Data Analysis

The three rating scales were combined into a single measure of overall criticality using a hierarchical method. As agreed by the CEP, the three rating scales were combined into a single measure in such a manner that a particular value on the performance expectation scale would outweigh or outrank all values on the consequence and frequency scales, and that a particular value on the consequence scale would outweigh or outrank all values on the frequency scale.

Table 3 displays how the values of the overall criticality rating were constructed according to all the possible survey response patterns that might be given to rate an individual work activity by its frequency, performance expectation, and consequence. For example, if a respondent indicated that a particular work activity was expected to be performed within the first six months of certification as an Adult-Gerontology Primary Care Nurse Practitioner, could cause severe negative consequences if it was performed incorrectly, and is performed occasionally, the overall criticality rating for that response pattern would be 39.

A score between 37.00 and 41.00 indicated that a work activity is generally expected to be performed within the first six months of certification as an Adult-Gerontology Primary Care Nurse Practitioner and could cause severe negative consequences if incorrectly performed. A score between 32.0 and 36.99 suggests that a work activity is generally expected to be performed within the first six months of certification as an Adult-Gerontology Primary Care Nurse Practitioner and could cause moderate negative consequences if incorrectly performed. Work activities with scores of 32 or higher on the overall criticality variable may be considered as highly critical. When a work activity was rated as "never expected" on the performance expectation scale, it received an overall criticality score of 1 as the bottom row in Table 3 indicates.

Table 3. Construction of the Overall Criticality Variable

Survey Response Options			Overall
Performance Expectations	**Consequences**	**Frequency**	**Criticality Ranking**
Within the first 6 months of certification within the specialty	Severe negative consequences	Always	41
		Frequently	40
		Occasionally	39
		Seldom	38
		Never	37
	Moderate negative consequences	Always	36
		Frequently	35
		Occasionally	34
		Seldom	33
		Never	32
	Mild negative consequences	Always	31
		Frequently	30
		Occasionally	29
		Seldom	28
		Never	27
	No negative consequences	Always	26
		Frequently	25
		Occasionally	24
		Seldom	23
		Never	22
After the first 6 months of certification within the specialty	Severe negative consequences	Always	21
		Frequently	20
		Occasionally	19
		Seldom	18
		Never	17
	Moderate negative consequences	Always	16
		Frequently	15
		Occasionally	14
		Seldom	13
		Never	12
	Mild negative consequences	Always	11
		Frequently	10
		Occasionally	9
		Seldom	8
		Never	7
After the first 6 months of certification within the specialty (Continued)	No negative consequences	Always	6
		Frequently	5
		Occasionally	4
		Seldom	3
		Never	2
Never expected to perform this activity within the specialty			1

Survey Results

The total sample of the national survey included 329 ANCC certified Adult-Gerontology Primary Care Nurse Practitioners. A total of 121 surveys were returned, with 87 surveys completed, yielding an overall response rate of 36.78% and a total usable response rate of 26.44%.

Table 4 shows the percent of surveys per population returned in each geographic region compared to the number of ANCC certified Adult-Gerontology Primary Care Nurse Practitioners selected within the region.

Table 4. Number of Surveys Returned per Geographic Region

Geographic Region	Number Selected (Percent of total pop.)	Number Return (percent of total pop.)
Midwest – IA, NE, KS, OH, MO, MN, SD, ND, MI, IL, IN, WI	98 (29.79)	28 (32.18)
Northeast – NY, CT, MA, NJ, ME, PA, NH, VT, RI	124 (37.69)	30 (34.48)
Other – AE, AP, APO	0 (0.00)	0 (0.00)
South – TN, MS, TX, FL, LA, AL, GA, AR, OK, VA, MD, SC, DC, NC, WV, DE, KY	79 (24.01)	24 (27.59)
West – WA, AZ, CA, OR, CO, AK, ID, NM, UT, HI, NV, WY, MT	28 (8.51)	5 (5.75)
Total	329 (100.00)	257 (100.00)

Demographic Information

Appendix B includes the Adult-Gerontology Primary Care Nurse Practitioner survey responses to the 18 demographic questions, which included inquiry about the respondents' background and practice settings.

Demographic Background

Results from the demographic portion of the survey indicated that approximately 92% of the survey respondents were female, and 8% were male. Seventy-one percent of respondents identified as White, 16% identified as Asian, 10% as Black or African-American, 1% as Hispanic or Latino, and 1% as other. Forty-three percent of were in the 25-34 age range; 26% were in the 35-44 age range; and 18% of respondents were in the 45-54 age range. In addition, 12% of respondents were in the 55-64 age range, and 1% of respondents were 65 or older. Eighty percent of respondents had between one and nine years of experience as a nurse practitioner; 10% had less than one year of experience as a nurse practitioner; 5% had between 10 and 19 years of experience as a nurse practitioner; and 5% of respondents between 20 and 29 years of experience as a nurse practitioner.

Seventy-eight percent of respondents indicated that they currently practice in a primary care nurse practitioner role, while 22% indicated that they do not currently practice in a primary care nurse practitioner role. Eighty-two percent of respondents indicated that the nurse practitioner certification that best describes the respondent's

current practice is Adult-Gerontology Primacy Care Nurse Practitioner. Ten percent of respondents indicated that the Adult-Gerontology Primary Care Nurse Practitioner certification best describes the respondent's current practice. Seven percent of respondents indicated that the Adult-Gerontology Primary Care Nurse Practitioner best describes the respondent's current practice. One percent of respondents indicated that Adult-Gerontology Primary Care Nurse Practitioner best describes the respondent's current practice.

Two percent of respondents had earned a professional doctorate, the Doctor of Nursing Practice. Ninety-five percent of respondents held a Master's in Nursing, and 6% of respondents held a Master's degree in a program other than nursing.

Practice Settings

Forty-seven percent of respondents indicated that their primary clinical practice location is in a city. A town was the primary clinical practice location of 17% of respondents; a metropolitan area was the primary clinical practice location of 21% of respondents; and a rural area was the primary clinical practice location of 2% of respondents.

For practice setting, some respondents indicated that their practice setting is a combination of inpatient, outpatient, and/or residential settings. The highest percentage, 25.29%, of respondents indicated that they practice in an inpatient hospital setting; twenty-three percent practice in private practice; twenty-one percent in an outpatient hospital setting; and twenty-one percent practice in a nursing home/long-term care setting. Fifty-three percent of respondents did not have hospital admitting privileges, and 47% of respondents did have hospital admitting privileges. Ninety-seven percent of respondents had privileges to prescribe medications in their primary clinical practices, and 3% of respondents did not have privileges to prescribe medication.

Forty-five percent of respondents indicated that they spend 40 to 49 hours per week in direct care; 16% of respondents indicated that they spend 50 to 59 hours per week in direct care; 13% of respondents indicated that they spend 30 to 39 hours per week in direct care; 9% of respondents indicated that they spend 20 to 29 hours per week in direct care; and 9% of respondents indicated that they spend zero hours per week in direct care. On average, respondents spent 57% of their time in an average week providing direct care to adults over 65 years of age, 41% of their time providing direct care to adults between the ages of 18 to 65 years, and 2% of their time providing direct care to adolescents between the ages of 13 to 17 years of age.

Thirty percent of respondents indicated that they admit patients to the hospital; 35% of respondents indicated that they manage patients during hospitalization; and 23% of respondents indicated that they discharge patients from the hospital. Ninety-five percent of respondents were required to have a physician collaborator/supervisor, and 5% of respondents were not required to have a physician collaborator.

Practice Descriptions

Descriptive statistics (means and standard deviations) for the three ratings of all 85 work activities, performance expectation, consequence, and frequency, as well as mean overall criticality, are listed in Appendix C. The scales were highly reliable. Cronbach's coefficient alpha estimates for the performance expectation, consequence, and frequency scales when applied to all data were 0.9043, 0.9904, and 0.9612, respectively. Cronbach's coefficient alpha, a measure of internal stability, ranges in value between zero and one.

In Appendix D, the overall criticality statistics are presented in rank order of criticality. As indicated in Table 5, 43 work activity statements were rated by the 87 respondents as highly critical (with a mean overall criticality rank of 32 or above). Seventy-four percent of these work activities fell into one of the following two domains: Assessment (27.91%) and Clinical Management (46.51%).

Table 5. Number of Work Activities by Mean Overall Criticality Range for Adult-Gerontology Primary Care Nurse Practitioner

	Mean Overall Criticality Score								
	Between 37.0 and 41	Between 32.0 and 36.9	Between 27.0 and 31.9	Between 22.0 and 26.9	Between 17.0 and 21.9	Between 12.0 and 16.9	Between 7.0 and 11.9	6.9 and under	Total number above 32.0
Number of Work Activities	3	40	19	13	3	5	2	0	**43**

Tables 6 and 7 display the 20 highest-ranked and the 20 lowest-ranked work activities by mean overall criticality respectively. The highest-ranked task (#81. Maintains confidentiality and privacy according to regulatory standards [e.g., HIPAA]) received a criticality rank of 37.63. This work activity highlighted in Table 6 is listed under the domain *Role.*

The lowest ranked work activity *(#72. Engages in policy-making)* received a criticality ranking of 10.76 and is highlighted in Table 7. This work activity is found within the domain *Role.*

Table 6. Top 20 Work Activities Ranked by Mean Overall Criticality

Work Activity Number and Name	Overall Criticality	
	Mean	Standard Deviation
81. Maintains confidentiality and privacy according to regulatory standards (e.g., HIPAA)	37.63	5.68
38. Prescribes medications	37.18	5.58
71. Refers patient with conditions beyond scope of practice	37.01	5.55
52. Evaluates effectiveness and safety of pharmacologic regimen	36.56	5.2
26. Develops differential diagnoses	36.18	5.06
28. Formulates diagnoses	35.77	5.69
20. Performs a focused physical exam	35.56	4.91
27. Prioritizes differential diagnoses	35.41	5.82
24. Interprets results from diagnostic tests	35.34	7.42
21. Differentiates between normal and abnormal physiologic changes	35.16	8.94
2. Obtains a focused health history	34.97	4.99
22. Orders diagnostic tests	34.92	5.87
19. Performs a comprehensive physical exam	34.79	5.27
63. Advocates for individual patient needs	34.70	4.73
44. Manages episodic disease	34.67	6.26
43. Plans follow-up care	34.51	5.55
29. Prioritizes diagnoses	34.38	6.72
25. Synthesizes data to inform clinical reasoning	34.37	7.88
33. Educates patient, family and/or caregiver regarding plan of care include testing, diagnosis, treatments and/or implications.	34.37	6.38
17. Assesses patient for pain (e.g. acute, chronic)	34.34	7.47

Table 7. Bottom 20 Work Activities Ranked by Mean Overall Criticality

Work Activity Number and Name	Overall Criticality	
	Mean	Standard Deviation
50. Counsels on family planning, sexuality, and/or reproductive health	25.20	12.19
65. Serves as an interprofessional resource for patient care	24.86	11.55
74. Identifies legal dilemmas and seeks resources for resolution	24.43	13.12
69. Engages in professional development activities	24.32	10.99
46. Provides palliative care	23.75	13.92
67. Identifies opportunities for quality improvement	23.47	11.65
48. Performs primary care procedures (e.g., wart removal, suturing, cerumen removal)	23.13	11.78
47. Provides end of life care	22.87	14.16
8. Performs a spiritual assessment	22.41	11.88
82. Evaluates the impact of health care delivery on patients, providers, and stakeholders	22.13	12.80
84. Prepares for emergency and/or disaster situations	19.91	14.16
68. Implements quality improvement initiatives	19.52	11.66
13. Performs a community assessment	17.47	13.15
83. Analyzes the impact of globalization on health (e.g. disease transmission)	16.99	13.06
36. Develops population-focused plan of care based on epidemiologic data	16.77	13.98
10. Performs a genetic assessment	15.82	13.86
70. Engages in scholarly activities (e.g., presentations, professional articles, research activities)	14.95	10.93
14. Performs a population assessment	13.36	12.94
80. Precepts students, novice nurse practitioners, and/or other health professionals	11.43	9.43
72. Engages in policy-making	10.76	10.32

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Appendix A
Work Activities Statements

2014 Adult-Gerontology Primary Care Nurse Practitioner
National Survey Tasks/Activities List
Role Delineation Study

I. Assessment

1. Obtains a comprehensive health history
2. Obtains a focused health history
3. Performs appropriate screenings (e.g., developmental, hearing, vision, oral health, genetics)
4. Performs a psychosocial evaluation
5. Performs a lifestyle assessment (e.g., sleep, exercise, sexual behaviors, drug and alcohol use, safety, environmental)
6. Performs a nutritional assessment
7. Performs a cultural assessment
8. Performs a spiritual assessment
9. Performs an individual risk assessment (e.g., cardiac, cancer, diabetes)
10. Performs a genetic assessment
11. Performs a mental health assessment
12. Performs a family/caregiver assessment (e.g. family dynamics, communication patterns, support systems, caregiver burden)
13. Performs a community assessment
14. Performs a population assessment
15. Performs a functional assessment (e.g. mobility, cognition)
16. Assesses patient's capacity for decision-making
17. Assesses patient for pain (e.g. acute, chronic)
18. Assesses for advance care planning/advanced directives
19. Performs a comprehensive physical exam
20. Performs a focused physical exam

II. Diagnosis

21. Differentiates between normal and abnormal physiologic changes
22. Orders diagnostic tests
23. Performs diagnostic tests
24. Interprets results from diagnostic tests
25. Synthesizes data to inform clinical reasoning
26. Develops differential diagnoses
27. Prioritizes differential diagnoses
28. Formulates diagnoses
29. Prioritizes diagnoses
30. Develops a comprehensive problem list

III. Clinical Management

31. Develops a patient-centered plan of care
32. Evaluates patient, family and/or caregiver's knowledge of plan of care
33. Educates patient, family and/or caregiver regarding plan of care include testing, diagnosis, treatments and/or implications.
34. Facilitates the development of advance care planning/advance directives

35. Prioritizes plan of care considering safety, risk reduction, and comorbidities
36. Develops population-focused plan of care based on epidemiologic data
37. Implements plan of care that incorporates cultural, spiritual, psychosocial considerations
38. Prescribes medications
39. Prescribes non-pharmacologic interventions
40. Manages health maintenance and health promotion interventions (e.g. nutrition, immunizations)
41. Reports suspected abuse, exploitation and/or neglect
42. Facilitates transitions in levels of care
43. Plans follow-up care
44. Manages episodic disease
45. Manages chronic disease
46. Provides palliative care
47. Provides end of life care
48. Performs primary care procedures (e.g., wart removal, suturing, cerumen removal)
49. Coaches patient, family, and/or caregiver regarding lifestyle and behavioral changes
50. Counsels on family planning, sexuality, and/or reproductive health
51. Evaluates patient responses to interventions
52. Evaluates effectiveness and safety of pharmacologic regimen
53. Evaluates effectiveness and safety of nonpharmacologic interventions
54. Evaluates adherence to treatment plan
55. Evaluates the impact of diagnosis and treatment on patient, family, and caregiver
56. Evaluates treatment and educational outcomes related to pain
57. Evaluates treatment and educational outcomes related to nutrition
58. Evaluates plan of care considering safety, risk reduction and comorbidities
59. Modifies plan of care to meet the needs of patient, families, and/or caregivers
60. Maintains a comprehensive problem list

IV. Role

61. Fosters interprofessional collaboration
62. Collaborates with other professionals
63. Advocates for individual patient needs
64. Advocates for improved access, quality, and cost-effective health care
65. Serves as an interprofessional resource for patient care
66. Provides a climate of patient- and family-centered care
67. Identifies opportunities for quality improvement
68. Implements quality improvement initiatives
69. Engages in professional development activities
70. Engages in scholarly activities (e.g., presentations, professional articles, research activities)
71. Refers patient with conditions beyond scope of practice
72. Engages in policy-making
73. Identifies ethical dilemmas and seeks resources for resolution
74. Identifies legal dilemmas and seeks resources for resolution
75. Promotes the role of the nurse practitioner
76. Integrates theory, current evidence, professional standards, and clinical guidelines

77. Documents patient related activities (e.g. telephone triage)
78. Documents in accordance with regulatory process and payor source
79. Bills for services according to level of care
80. Precepts students, novice nurse practitioners, and/or other health professionals
81. Maintains confidentiality and privacy according to regulatory standards (e.g., HIPAA)
82. Evaluates the impact of health care delivery on patients, providers, and stakeholders
83. Analyzes the impact of globalization on health (e.g. disease transmission)
84. Prepares for emergency and/or disaster situations
85. Integrates informatics and/or health care technology into practice

Appendix B
Demographic Data Summary

2014 Adult-Gerontology Primary Care Nurse Practitioner
National Survey Demographic Data
Role Delineation Study

Q1: Where is your primary clinical practice location?

	Recruitment		Respondents	
	Count	Percent	Count	Percent
Northeast	**124**	**37.69%**	**30**	**34.48%**
South	**79**	**24.01%**	**24**	**27.59%**
Midwest	**98**	**29.79%**	**28**	**32.18%**
West	**28**	**8.51%**	**5**	**5.75%**
Other	**0**	**0.00%**	**0**	**0.00%**
Total	**329**	**100.00%**	**87**	**100.00%**

Q2: What is your gender? (Choose one)

	Count	Percent
Female	**80**	**91.95%**
Male	**7**	**8.05%**
Total	**87**	**100.00%**

Q3: What is your age? (Choose one)

	Count	Percent
25 - 34 years old	**37**	**42.53%**
35 - 44 years old	**23**	**26.44%**
45 - 54 years old	**16**	**18.39%**
55 - 64 years old	**10**	**11.49%**
65 and older	**1**	**1.15%**
Total	**87**	**100.00%**

*N = 87 was used to compute the percentage

Q4. What is your racial/ethnic background? (Choose all that apply)

	Count	Percent
White	62	71.26%
Black or African American	9	10.34%
American Indian and Alaska Native	0	0.00%
Asian	14	16.09%
Native Hawaiian and other Pacific Islander	0	0.00%
Hispanic or Latino	1	1.15%
Middle Eastern	0	0.00%
Other	1	1.15%

*N = 87 was used to compute the percentage

Q5: How many years of experience do you have as:

	a registered nurse		a nurse practitioner	
	Count	Percent	Count	Percent
Less than 1	1	1.15%	9	10.34%
1 to 9	54	62.07%	70	80.46%
10 to 19	15	17.24%	4	4.60%
20 to 29	7	8.05%	4	4.60%
30 to 39	8	9.20%	0	0.00%
40 to 49	2	2.30%	0	0.00%
Total	87	100.00%	87	100.00%
Mean	11.76		3.15	

Q6. Do you currently practice in a primary care nurse practitioner role? (Choose one)

	Count	Percent
Yes	68	78.16%
No	19	21.84%
Total	87	100.00%

Q7a: Which nurse practitioner certification best describes your current practice? (Choose one)

	Count	Percent
Pediatric Primary Care Nurse Practitioner	0	0.00%
Adult Nurse Practitioner	9	10.34%
Family Nurse Practitioner	1	1.15%
Gerontological Nurse Practitioner	6	6.90%
Adult-Gerontology Primary Care Nurse Practitioner	71	81.61%
Total	87	100.00%

Q7b. By which organization are you certified as a nurse practitioner in the above area by? (Choose all that apply)

	Count	Percent
ANCC	86	98.85%
NCC	0	0.00%
PNCB	0	0.00%
AANP	4	4.60%
Other	0	0.00%

*N = 87 was used to compute the percentage

Q7c. Do you hold other nurse practitioner certification(s)? (Choose one)

	Count	Percent
Yes	12	13.79%
No	75	86.21%
Total	87	100.00%

Q7d. Which additional nurse practitioner certifications do you hold? (Choose all that apply)

	Count	Percent
Adult Nurse Practitioner	6	6.90%
Adult-Gerontology Primary Care Nurse Practitioner	20	22.99%
Family Nurse Practitioner	0	0.00%
Gerontological Nurse Practitioner	4	4.60%
Pediatric Primary Care Nurse Practitioner	0	0.00%
Acute Care Nurse Practitioner	0	0.00%
Acute Care Pediatric Nurse Practitioner	0	0.00%
Psychiatric and Mental Health Nurse Practitioner	0	0.00%
Women's Health Nurse Practitioner	0	0.00%
Neonatal Nurse Practitioner	0	0.00%
Other	4	4.60%

*N = 87 was used to compute the percentage

Other Responses (4 responses)

	Count
Other: ACHPN	1
Other: Acute Adult-Gerontology Nurse Practitioner	1
Other: Advanced Hospice Palliative Care thru HPNA	1
Other: Expired	1

Q7e. By which organization(s)? (Choose all that apply)

	Count	Percent
ANCC	25	28.74%
NCC	0	0.00%
PNCB	0	0.00%
AANP	3	3.45%
Other	3	3.45%

Not Answered	58

*N = 87 was used to compute the percentage

Other Responses (3 responses)

	Count
Other: AACN	1
Other: HPNA	1
Other: NBHPCN	1

Q8. Indicate the highest educational level you have completed (Choose all that apply)

	Count	Percent
Masters in Nursing	83	95.40%
Masters in field other than Nursing	5	5.75%
Doctorate in Nursing Research (e.g., Ph.D., DNS, DSN)	0	0.00%
Doctorate in Nursing Practice (DNP)	2	2.30%
Doctorate in field other than Nursing	0	0.00%
Other	0	0.00%

*N = 87 was used to compute the percentage

Q9. Which one of the following best characterizes your primary clinical practice location? (Choose one)

	Count	Percent
Rural (population less than 2,500)	2	2.30%
Town (population 2,500 - 49,999)	15	17.24%
City (population 50,000 - 249,999)	41	47.13%
Metropolitan (population 250,000 - 999,999)	18	20.69%
Greater Metropolitan (population greater than 999,999)	11	12.64%
Total	87	100.00%

Q10. Which of the following describes your primary clinical practice setting? (Choose all that apply)

	Count	Percent
Community/Public Health (city/county/state/federal agency)	2	2.30%
Home Health Care	5	5.75%
Hospice Facility	5	5.75%
Hospital, Inpatient	22	25.29%
Hospital, Outpatient	18	20.69%
Managed Care (HMO, Blue Cross/Blue Shield)	4	4.60%
Medical School	2	2.30%
Nursing Home/Long-term Care	18	20.69%
Independent Nurse Practitioner Practice	2	2.30%
Occupational Health	2	2.30%
Private Practice	20	22.99%
Retail Based Clinic	2	2.30%
School or College Health	0	0.00%
School/College of Nursing	1	1.15%
VA/Armed Forces	3	3.45%
Other	10	11.49%

*N = 87 was used to compute the percentage

Other Responses (10 responses)

	Count
Other: currently in process of changing jobs back to primary care for mostly older adults	1
Other: doctor's office that is part of a larger health organization.	1
Other: Extended care	1
Other: outpatient internal medicine in a large, non-profit university-based health system	1
Other: Palliative care	1
Other: rural health organization	1
Other: SME clinic	1
Other: subacute/short term rehab	1
Other: Surgery	1
Other: urgent care	1

Q11. Estimate the percentage of time (during an average week) that you provide direct patient care in each of the age groups listed below. (Note that you should only enter whole numbers without the percent sign (e.g., 32; 15) and that your total percentage should equal 100.)

	Infant (birth to 1 year)		Child (2 to 12 years)		Adolescent (13 to 17 years)	
	Count	Percent	Count	Percent	Count	Percent
0%	87	100.00%	86	98.85%	66	75.86%
1% to 19%	0	0.00%	1	1.15%	18	20.69%
20% to 39%	0	0.00%	0	0.00%	3	3.45%
40% to 59%	0	0.00%	0	0.00%	0	0.00%
60% to 79%	0	0.00%	0	0.00%	0	0.00%
80% to 100%	0	0.00%	0	0.00%	0	0.00%
Total	87	100.00%	87	100.00%	87	100.00%
Mean	0.00%		0.17%		1.83%	

	Adult (18 to 65 years)		Aging Adult (over 65 years)	
	Count	Percent	Count	Percent
0%	3	3.45%	0	0.00%
1% to 19%	8	9.20%	5	5.75%
20% to 39%	26	29.89%	12	13.79%
40% to 59%	31	35.63%	23	26.44%
60% to 79%	15	17.24%	30	34.48%
80% to 100%	4	4.60%	17	19.54%
Total	87	100.00%	87	100.00%
Mean	40.87%		57.13%	

Q12. Estimate the percentage of time (during an average week) that you provide patients with: (Note that you should only enter whole numbers without the percent sign (e.g., 32; 15) and that your total percentage should equal 100.)

	Health maintenance		Maternity care		Acute illness care		Chronic illness care	
	Count	**Percent**	**Count**	**Percent**	**Count**	**Percent**	**Count**	**Percent**
0%	9	10.34%	82	94.25%	7	8.05%	4	4.60%
1% to 19%	42	48.28%	4	4.60%	20	22.99%	10	11.49%
20% to 39%	30	34.48%	0	0.00%	32	36.78%	35	40.23%
40% to 59%	4	4.60%	1	1.15%	20	22.99%	26	29.89%
60% to 79%	1	1.15%	0	0.00%	5	5.75%	9	10.34%
80% to 100%	1	1.15%	0	0.00%	3	3.45%	3	3.45%
Total	87	100.00%	87	100.00%	87	100.00%	87	100.00%
Mean	16.86%		0.71%		29.52%		35.05%	

	End-of-life care		Mental health care		Other	
	Count	**Percent**	**Count**	**Percent**	**Count**	**Percent**
0%	37	42.53%	28	32.18%	83	95.40%
1% to 19%	38	43.68%	45	51.72%	2	2.30%
20% to 39%	6	6.90%	12	13.79%	1	1.15%
40% to 59%	3	3.45%	1	1.15%	1	1.15%
60% to 79%	3	3.45%	1	1.15%	0	0.00%
80% to 100%	0	0.00%	0	0.00%	0	0.00%
Total	87	100.00%	87	100.00%	87	100.00%
Mean	8.50%		8.33%		1.03%	

13. Approximately what percentage of your average week is spent in each of the following activities? (Note that you should only enter whole numbers without the percent sign (e.g., 32; 15) and that your total percentage should equal 100.)

	Direct patient care		Management, supervision, and administration		Teaching		Research	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent
0%	2	2.30%	61	70.11%	41	47.13%	69	79.31%
1% to 19%	3	3.45%	21	24.14%	35	40.23%	17	19.54%
20% to 39%	15	17.24%	5	5.75%	7	8.05%	1	1.15%
40% to 59%	20	22.99%	0	0.00%	2	2.30%	0	0.00%
60% to 79%	29	33.33%	0	0.00%	1	1.15%	0	0.00%
80% to 100%	18	20.69%	0	0.00%	1	1.15%	0	0.00%
Total	87	100.00%	87	100.00%	87	100.00%	87	100.00%
Mean	55.91%		3.22%		7.26%		1.10%	

	Consultation		Documentation		Other	
	Count	Percent	Count	Percent	Count	Percent
0%	41	47.13%	7	8.05%	84	96.55%
1% to 19%	35	40.23%	23	26.44%	2	2.30%
20% to 39%	8	9.20%	35	40.23%	0	0.00%
40% to 59%	1	1.15%	18	20.69%	1	1.15%
60% to 79%	1	1.15%	4	4.60%	0	0.00%
80% to 100%	1	1.15%	0	0.00%	0	0.00%
Total	87	100.00%	87	100.00%	87	100.00%
Mean	7.30%		24.53%		0.69%	

Q14. Do you have privileges to prescribe medications in your primary clinical practice setting? (Choose one)

	Count	Percent
Yes	84	96.55%
No	3	3.45%
Total	87	100.00%

Q15. Do you have hospital privileges in your primary clinical practice setting? (Choose one)

	Count	Percent
Yes	41	47.13%
No	46	52.87%
Total	87	100.00%

Q16. On average, how many hours per week do you spend in direct care?

	Count	Percent
0	8	9.20%
1-9 hours	2	2.30%
10-19 hours	1	1.15%
20-29 hours	8	9.20%
30-39 hours	11	12.64%
40-49 hours	39	44.83%
50-59 hours	14	16.09%
60-69 hours	2	2.30%
70-79 hours	1	1.15%
80-89 hours	0	0.00%
90-100 hours	1	1.15%
Total	87	100.00%
Mean	36.47	

Q17. Do you: (Choose all that apply)

	Count	Percent
Admit patients to the hospital	26	29.89%
Manage patients during hospitalization	30	34.48%
Discharge patients from the hospital	20	22.99%
Not Answered	46	

*N = 87 was used to compute the percentage

Q18. Are you required to have a physician collaborator/supervisor? (Choose one)

	Count	Percent
Yes	82	95.35%
No	4	4.65%
Total	86	100.00%
Not Answered	1	

Appendix C
Work Activities Descriptive Statistics

Activity/Task Statement	Performance Expectation			Frequency			Consequences			Overall Rank		
	N	Mean	Std Dev	N	Mean	Std Dev	N	Mean	Std Dev	N	Mean	St Dev
1. Obtains a comprehensive health history	87	1.98	0.15	87	1.77	0.77	87	3.41	0.58	87	2.39	0.32
2. Obtains a focused health history	87	1.99	0.11	87	1.91	0.90	87	3.66	0.50	87	2.52	0.40
3. Performs appropriate screenings (e.g., developmental, hearing, vision, oral health, genetics)	87	1.74	0.56	87	1.38	0.80	87	2.69	1.13	87	1.93	0.29
4. Performs a psychosocial evaluation	87	1.87	0.40	87	1.30	0.78	87	3.07	0.96	87	2.08	0.29
5. Performs a lifestyle assessment (e.g., sleep, exercise, sexual behaviors, drug and alcohol use, safety, environmental)	87	1.95	0.26	87	1.33	0.83	87	3.32	0.81	87	2.20	0.32
6. Performs a nutritional assessment	87	1.86	0.44	87	1.17	0.81	87	2.71	1.04	87	1.92	0.31
7. Performs a cultural assessment	87	1.75	0.61	87	1.05	0.89	87	2.39	1.21	87	1.73	0.30
8. Performs a spiritual assessment	87	1.59	0.72	87	0.85	0.72	87	1.91	1.23	87	1.45	0.29
9. Performs an individual risk assessment (e.g., cardiac, cancer, diabetes)	87	1.98	0.15	87	1.71	0.91	87	3.36	0.73	87	2.35	0.40
10. Performs a genetic assessment	87	1.10	0.85	87	0.97	0.98	87	1.43	1.28	87	1.16	0.22
11. Performs a mental health assessment	87	1.94	0.28	87	1.53	0.90	87	2.95	0.85	87	2.14	0.34
12. Performs a family/caregiver assessment (e.g. family dynamics, communication patterns, support systems, caregiver burden)	87	1.87	0.40	87	1.32	0.87	87	2.78	1.04	87	1.99	0.33
13. Performs a community assessment	87	1.30	0.84	87	0.70	0.73	87	1.60	1.23	87	1.20	0.26
14. Performs a population assessment	87	1.05	0.89	87	0.53	0.68	87	1.09	1.14	87	0.89	0.23
15. Performs a functional assessment (e.g. mobility, cognition)	87	1.95	0.26	87	1.86	0.90	87	3.36	0.79	87	2.39	0.34
16. Assesses patient's capacity for decision-making	87	1.86	0.41	87	1.97	1.01	87	3.20	1.02	87	2.34	0.35
17. Assesses patient for pain (e.g. acute, chronic)	87	1.94	0.32	87	1.89	1.02	87	3.63	0.75	87	2.49	0.35
18. Assesses for advance care planning/advanced directives	87	1.92	0.31	87	1.56	0.96	87	2.93	1.00	87	2.14	0.38

Activity/Task Statement	Performance Expectation			Frequency			Consequences			Overall Rank		
	N	Mean	Std Dev	N	Mean	Std Dev	N	Mean	Std Dev	N	Mean	St Dev
19. Performs a comprehensive physical exam	87	1.99	0.11	87	1.94	0.93	87	3.31	0.65	87	2.41	0.42
20. Performs a focused physical exam	87	2.00	0.00	87	1.99	0.96	87	3.62	0.53	87	2.54	0.48
21. Differentiates between normal and abnormal physiologic changes	87	1.90	0.34	87	2.26	0.95	87	3.69	0.63	87	2.62	0.30
22. Orders diagnostic tests	87	1.97	0.18	87	2.05	0.91	87	3.38	0.53	87	2.46	0.37
23. Performs diagnostic tests	87	1.64	0.68	87	1.79	1.04	87	2.48	1.22	87	1.97	0.27
24. Interprets results from diagnostic tests	87	1.92	0.27	87	2.31	0.87	87	3.40	0.58	87	2.54	0.30
25. Synthesizes data to inform clinical reasoning	87	1.91	0.29	87	2.11	0.87	87	3.63	0.57	87	2.55	0.29
26. Develops differential diagnoses	87	1.99	0.11	87	2.13	0.89	87	3.78	0.44	87	2.63	0.39
27. Prioritizes differential diagnoses	87	1.97	0.18	87	2.07	0.85	87	3.76	0.46	87	2.60	0.33
28. Formulates diagnoses	87	1.98	0.15	87	2.10	0.84	87	3.71	0.55	87	2.60	0.34
29. Prioritizes diagnoses	87	1.94	0.23	87	1.98	0.86	87	3.64	0.59	87	2.52	0.32
30. Develops a comprehensive problem list	87	1.94	0.23	87	1.69	0.84	87	3.43	0.76	87	2.35	0.33
31. Develops a patient-centered plan of care	87	1.95	0.26	87	1.74	0.91	87	3.60	0.67	87	2.43	0.33
32. Evaluates patient, family and/or caregiver's knowledge of plan of care	87	1.94	0.23	87	1.71	0.91	87	3.48	0.68	87	2.38	0.35
33. Educates patient, family and/or caregiver regarding plan of care include testing, diag0sis, treatments and/or implications.	87	1.97	0.18	87	1.87	0.87	87	3.69	0.56	87	2.51	0.35
34. Facilitates the development of advance care planning/advance directives	87	1.75	0.55	87	1.53	0.86	87	2.55	1.10	87	1.94	0.27
35. Prioritizes plan of care considering safety, risk reduction, and comorbidities	87	1.91	0.29	87	1.70	0.82	87	3.34	0.76	87	2.32	0.29
36. Develops population-focused plan of care based on epidemiologic data	87	1.22	0.77	87	0.99	0.86	87	1.69	1.31	87	1.30	0.29

Activity/Task Statement	Performance Expectation			Frequency			Consequences			Overall Rank		
	N	Mean	Std Dev	N	Mean	Std Dev	N	Mean	Std Dev	N	Mean	St Dev
37. Implements plan of care that incorporates cultural, spiritual, psychosocial considerations	87	1.79	0.46	87	1.30	0.81	87	2.91	1.06	87	2.00	0.30
38. Prescribes medications	87	1.97	0.18	87	2.48	0.85	87	3.46	0.61	87	2.64	0.34
39. Prescribes non-pharmacologic interventions	87	1.98	0.15	87	1.61	0.81	87	3.31	0.65	87	2.30	0.35
40. Manages health maintenance and health promotion interventions (e.g. nutrition, immunizations)	87	1.93	0.37	87	1.55	0.85	87	3.26	0.84	87	2.25	0.28
41. Reports suspected abuse, exploitation and/or neglect	87	1.82	0.49	87	2.44	0.97	87	2.43	1.43	87	2.23	0.47
42. Facilitates transitions in levels of care	87	1.71	0.50	87	1.76	0.89	87	2.72	1.11	87	2.07	0.31
43. Plans follow-up care	87	1.98	0.15	87	1.89	0.91	87	3.54	0.61	87	2.47	0.38
44. Manages episodic disease	87	1.95	0.21	87	2.03	0.84	87	3.41	0.62	87	2.47	0.32
45. Manages chronic disease	87	1.92	0.27	87	2.02	0.83	87	3.52	0.63	87	2.49	0.28
46. Provides palliative care	87	1.48	0.70	87	1.59	0.95	87	2.17	1.28	87	1.75	0.29
47. Provides end of life care	87	1.41	0.74	87	1.59	1.01	87	1.94	1.29	87	1.65	0.27
48. Performs primary care procedures (e.g., wart removal, suturing, cerumen removal)	87	1.53	0.64	87	1.44	0.90	87	2.00	1.12	87	1.66	0.24
49. Coaches patient, family, and/or caregiver regarding lifestyle and behavioral changes	87	1.97	0.18	87	1.33	0.79	87	3.13	0.73	87	2.14	0.33
50. Counsels on family planning, sexuality, and/or reproductive health	87	1.64	0.65	87	1.33	0.90	87	2.06	1.18	87	1.68	0.27
51. Evaluates patient responses to interventions	87	1.98	0.15	87	1.82	0.92	87	3.62	0.55	87	2.47	0.39
52. Evaluates effectiveness and safety of pharmacologic regimen	87	1.99	0.11	87	2.22	0.95	87	3.70	0.51	87	2.64	0.42
53. Evaluates effectiveness and safety of nonpharmacologic interventions	87	1.97	0.18	87	1.64	0.85	87	3.49	0.59	87	2.37	0.34
54. Evaluates adherence to treatment plan	87	1.99	0.11	87	1.77	0.84	87	3.61	0.51	87	2.46	0.37

Activity/Task Statement	Performance Expectation			Frequency			Consequences			Overall Rank		
	N	Mean	Std Dev	N	Mean	Std Dev	N	Mean	Std Dev	N	Mean	St Dev
55. Evaluates the impact of diag0sis and treatment on patient, family, and caregiver	87	1.94	0.23	87	1.56	0.86	87	3.22	0.78	87	2.24	0.34
56. Evaluates treatment and educational outcomes related to pain	87	1.99	0.11	87	1.78	0.85	87	3.33	0.69	87	2.37	0.39
57. Evaluates treatment and educational outcomes related to nutrition	87	1.89	0.36	87	1.45	0.79	87	2.94	0.87	87	2.09	0.28
58. Evaluates plan of care considering safety, risk reduction and comorbidities	87	1.98	0.15	87	1.75	0.88	87	3.24	0.75	87	2.32	0.39
59. Modifies plan of care to meet the needs of patient, families, and/or caregivers	87	1.95	0.21	87	1.61	0.87	87	3.25	0.80	87	2.27	0.36
60. Maintains a comprehensive problem list	87	1.93	0.25	87	1.71	0.87	87	3.43	0.76	87	2.36	0.33
61. Fosters interprofessional collaboration	87	1.91	0.29	87	1.62	0.96	87	3.45	0.69	87	2.33	0.33
62. Collaborates with other professionals	87	1.99	0.11	87	1.76	0.95	87	3.53	0.52	87	2.43	0.42
63. Advocates for individual patient needs	87	2.00	0.00	87	1.79	0.92	87	3.74	0.49	87	2.51	0.46
64. Advocates for improved access, quality, and cost-effective health care	87	1.67	0.58	87	1.39	0.89	87	2.85	1.06	87	1.97	0.24
65. Serves as an interprofessional resource for patient care	87	1.68	0.54	87	1.20	0.79	87	2.87	0.97	87	1.92	0.22
66. Provides a climate of patient- and family-centered care	87	1.98	0.15	87	1.51	0.83	87	3.63	0.63	87	2.37	0.35
67. Identifies opportunities for quality improvement	87	1.61	0.54	87	1.24	0.79	87	2.79	0.92	87	1.88	0.19
68. Implements quality improvement initiatives	87	1.45	0.54	87	1.17	0.84	87	2.25	0.94	87	1.62	0.21
69. Engages in professional development activities	87	1.70	0.49	87	1.08	0.92	87	2.68	0.87	87	1.82	0.24
70. Engages in scholarly activities (e.g., presentations, professional articles, research activities)	87	1.26	0.58	87	0.90	0.73	87	1.99	1.04	87	1.38	0.23
71. Refers patient with conditions beyond scope of practice	87	1.99	0.11	87	2.37	0.88	87	3.40	0.75	87	2.59	0.41
72. Engages in policy-making	87	0.94	0.65	87	0.83	0.80	87	1.43	1.18	87	1.07	0.27

Activity/Task Statement	Performance Expectation			Frequency			Consequences			Overall Rank		
	N	Mean	Std Dev	N	Mean	Std Dev	N	Mean	Std Dev	N	Mean	St Dev
73. Identifies ethical dilemmas and seeks resources for resolution	87	1.74	0.49	87	1.62	0.96	87	2.28	1.10	87	1.88	0.32
74. Identifies legal dilemmas and seeks resources for resolution	87	1.56	0.62	87	1.62	0.99	87	1.92	1.21	87	1.70	0.30
75. Promotes the role of the nurse practitioner	87	1.84	0.37	87	1.25	0.87	87	3.28	0.89	87	2.12	0.29
76. Integrates theory, current evidence, professional standards, and clinical guidelines	87	1.92	0.27	87	1.74	0.99	87	3.49	0.79	87	2.38	0.37
77. Documents patient related activities (e.g. telephone triage)	87	1.85	0.49	87	1.61	1.06	87	3.28	1.13	87	2.25	0.35
78. Documents in accordance with regulatory process and payor source	87	1.80	0.50	87	1.91	0.98	87	3.59	0.97	87	2.43	0.27
79. Bills for services according to level of care	87	1.83	0.49	87	1.82	0.91	87	3.53	1.07	87	2.39	0.30
80. Precepts students, 0vice nurse practitioners, and/or other health professionals	87	1.03	0.52	87	1.01	0.84	87	1.78	1.10	87	1.28	0.29
81. Maintains confidentiality and privacy according to regulatory standards (e.g., HIPAA)	87	1.99	0.11	87	2.38	0.97	87	3.97	0.18	87	2.78	0.48
82. Evaluates the impact of health care delivery on patients, providers, and stakeholders	87	1.49	0.63	87	1.30	0.85	87	2.57	1.12	87	1.79	0.25
83. Analyzes the impact of globalization on health (e.g. disease transmission)	87	1.25	0.70	87	1.08	0.89	87	1.75	1.22	87	1.36	0.26
84. Prepares for emergency and/or disaster situations	87	1.33	0.74	87	1.46	1.10	87	1.60	1.21	87	1.46	0.25
85. Integrates informatics and/or health care technology into practice	87	1.72	0.56	87	1.26	0.92	87	2.92	1.20	87	1.97	0.32

Appendix D
Work Activities Mean Overall Criticality – Rank Order

Adult-Gerontology Primary Care Nurse Practitioner	Overall Rank by Mean		
Task/ Activity Statement	N	Mean	Std Dev
81. Maintains confidentiality and privacy according to regulatory standards (e.g., HIPAA)	87	37.63	5.68
38. Prescribes medications	87	37.18	5.58
71. Refers patient with conditions beyond scope of practice	87	37.01	5.55
52. Evaluates effectiveness and safety of pharmacologic regimen	87	36.56	5.20
26. Develops differential diagnoses	87	36.18	5.06
28. Formulates diagnoses	87	35.77	5.69
20. Performs a focused physical exam	87	35.56	4.91
27. Prioritizes differential diagnoses	87	35.41	5.82
24. Interprets results from diagnostic tests	87	35.34	7.42
21. Differentiates between normal and abnormal physiologic changes	87	35.16	8.94
2. Obtains a focused health history	87	34.97	4.99
22. Orders diagnostic tests	87	34.92	5.87
19. Performs a comprehensive physical exam	87	34.79	5.27
63. Advocates for individual patient needs	87	34.70	4.73
44. Manages episodic disease	87	34.67	6.26
43. Plans follow-up care	87	34.51	5.55
29. Prioritizes diagnoses	87	34.38	6.72
25. Synthesizes data to inform clinical reasoning	87	34.37	7.88
33. Educates patient, family and/or caregiver regarding plan of care include testing, diagnosis, treatments and/or implications.	87	34.37	6.38
17. Assesses patient for pain (e.g. acute, chronic)	87	34.34	7.47
51. Evaluates patient responses to interventions	87	34.24	5.97
54. Evaluates adherence to treatment plan	87	34.23	5.28
62. Collaborates with other professionals	87	34.09	5.47
45. Manages chronic disease	87	34.02	7.25
56. Evaluates treatment and educational outcomes related to pain	87	34.01	5.12
15. Performs a functional assessment (e.g. mobility, cognition)	87	33.97	6.90
1. Obtains a comprehensive health history	87	33.80	4.88
41. Reports suspected abuse, exploitation and/or neglect	87	33.62	10.78
31. Develops a patient-centered plan of care	87	33.57	6.98
58. Evaluates plan of care considering safety, risk reduction and comorbidities	87	33.52	5.68
9. Performs an individual risk assessment (e.g., cardiac, cancer, diabetes)	87	33.46	6.07
53. Evaluates effectiveness and safety of nonpharmacologic interventions	87	33.02	6.13
32. Evaluates patient, family and/or caregiver's knowledge of plan of care	87	32.90	7.40
39. Prescribes non-pharmacologic interventions	87	32.90	4.83
30. Develops a comprehensive problem list	87	32.72	6.85
66. Provides a climate of patient- and family-centered care	87	32.70	5.37
60. Maintains a comprehensive problem list	87	32.61	7.63
76. Integrates theory, current evidence, professional standards, and clinical guidelines	87	32.56	8.05

Task/ Activity Statement	Overall Rank by Mean		
	N	Mean	Std Dev
16. Assesses patient's capacity for decision-making	87	32.52	9.43
59. Modifies plan of care to meet the needs of patient, families, and/or caregivers	87	32.38	6.48
40. Manages health maintenance and health promotion interventions (e.g. nutrition, immunizations)	87	32.25	7.17
78. Documents in accordance with regulatory process and payor source	87	32.06	11.28
35. Prioritizes plan of care considering safety, risk reduction, and comorbidities	87	32.01	7.65
79. Bills for services according to level of care	87	31.98	10.51
55. Evaluates the impact of diagnosis and treatment on patient, family, and caregiver	87	31.89	6.77
61. Fosters interprofessional collaboration	87	31.71	7.70
11. Performs a mental health assessment	87	31.67	6.91
18. Assesses for advance care planning/advanced directives	87	31.36	8.26
77. Documents patient related activities (e.g. telephone triage)	87	31.36	10.42
5. Performs a lifestyle assessment (e.g., sleep, exercise, sexual behaviors, drug and alcohol use, safety, environmental)	87	31.29	6.16
49. Coaches patient, family, and/or caregiver regarding lifestyle and behavioral changes	87	31.10	5.65
57. Evaluates treatment and educational outcomes related to nutrition	87	30.10	8.12
4. Performs a psychosocial evaluation	87	29.47	8.50
12. Performs a family/caregiver assessment (e.g. family dynamics, communication patterns, support systems, caregiver burden)	87	29.24	8.91
6. Performs a nutritional assessment	87	28.47	8.79
23. Performs diagnostic tests	87	28.32	12.48
75. Promotes the role of the nurse practitioner	87	28.32	9.44
42. Facilitates transitions in levels of care	87	28.21	11.36
34. Facilitates the development of advance care planning/advance directives	87	28.17	10.92
37. Implements plan of care that incorporates cultural, spiritual, psychosocial considerations	87	27.64	10.66
73. Identifies ethical dilemmas and seeks resources for resolution	87	27.53	11.77
3. Performs appropriate screenings (e.g., developmental, hearing, vision, oral health, genetics)	87	27.39	10.70
85. Integrates informatics and/or health care technology into practice	87	26.82	11.29
7. Performs a cultural assessment	87	26.23	10.80
64. Advocates for improved access, quality, and cost-effective health care	87	26.11	11.42
50. Counsels on family planning, sexuality, and/or reproductive health	87	25.20	12.19
65. Serves as an interprofessional resource for patient care	87	24.86	11.55
74. Identifies legal dilemmas and seeks resources for resolution	87	24.43	13.12
69. Engages in professional development activities	87	24.32	10.99
46. Provides palliative care	87	23.75	13.92
67. Identifies opportunities for quality improvement	87	23.47	11.65
48. Performs primary care procedures (e.g., wart removal, suturing, cerumen removal)	87	23.13	11.78
47. Provides end of life care	87	22.87	14.16
8. Performs a spiritual assessment	87	22.41	11.88
82. Evaluates the impact of health care delivery on patients, providers, and stakeholders	87	22.13	12.80
84. Prepares for emergency and/or disaster situations	87	19.91	14.16

Task/ Activity Statement	Overall Rank by Mean		
	N	Mean	Std Dev
13. Performs a community assessment	87	17.47	13.15
83. Analyzes the impact of globalization on health (e.g. disease transmission)	87	16.99	13.06
36. Develops population-focused plan of care based on epidemiologic data	87	16.77	13.98
10. Performs a genetic assessment	87	15.82	13.86
70. Engages in scholarly activities (e.g., presentations, professional articles, research activities)	87	14.95	10.93
14. Performs a population assessment	87	13.36	12.94
80. Precepts students, novice nurse practitioners, and/or other health professionals	87	11.43	9.43
72. Engages in policy-making	87	10.76	10.32

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8515 Georgia Avenue
Suite 400
Silver Spring, MD 20190-4392

1.800.284.2378
301.628.5000 tel
301.628.5004 fax

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