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NCSBN Research Brief

Report of Findings from the
**2002 RN Practice
Analysis Update**

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Lynda Crawford, PhD, RN, CAE

National Council of State Boards of Nursing, Inc. (NCSBN)

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Mission Statement

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Acknowledgments

This study would not have been possible without the support from 1,020 newly licensed registered nurses from all parts of the United States. Their willingness to complete lengthy questionnaires at such a busy, stress-filled time in their careers demonstrates an admirable commitment to the nursing profession. Our knowledge of entry-level practice has been greatly enhanced by their input. The authors also gratefully acknowledge the assistance of Lamika Obichere in coordinating the study, and Matt Diehl for his patient handling of study documents. Finally, the assistance of Rosemary Gahl in preparation of this document was essential to completion of this study.

J.S., L.C.

The National Council of State Boards of Nursing (NCSBN) has a responsibility to its members, the 60 boards of nursing in the United States and five territories, to produce and maintain valid and reliable licensure examinations based on entry-level nursing practice. Because practice may change over time, formal practice analysis studies are performed every three years to validate the content of the NCLEX-RN Examination Practice. While data from these studies is primarily used to describe entry-level practice, it must also be explored for any possible differences in the entry-level practices of subgroups of new nurses. Because nurses educated in associate degree (ADN) and baccalaureate degree (BSN) basic nursing programs have been identified as subgroups of new nurses, analyses must be performed to ascertain any possible differences in the entry-level practices of nurses with these types of education. A report of an analysis of data from the 2002 RN Practice Analysis study, performed for that purpose, follows.

Questionnaire Development

A panel of 10 registered nurses was assembled to assist with the practice analysis. Panel members all worked with and/or supervised the practice of registered nurses within their first six months of practice and represented all geographic areas of the country and all major nursing specialties.

The panel members identified 137 activities performed by RNs in

entry-level practice and 18 categories of knowledge necessary to the performance of those activities. The activities and knowledge categories were incorporated into a practice analysis survey. The survey also included questions about the nurses' practice settings, past experiences and demographics. The survey was pilot tested and revised prior to use within the study.

Survey Process

A stratified random sample of 4,000 RNs was selected from lists of candidates successful on the NCLEX-RN examination between March 1,

Demographics

There were 11.3% of ADN and 10% of BSN male respondents. The ethnic/racial backgrounds of the respondents varied in one respect: 16.4% of the ADN and 10.2% of the BSN graduates were African Americans. About 62% of ADNs and 67% of BSNs were white, 6.8% of ADNs and 8.1% of BSNs were of Asian descent, and about 11% of both groups were of Hispanic or Latino descent.

Similar percentages (55% of ADN and 62% of BSN respondents) had been an aide prior to becoming a licensed RN. However, only 6% of BSNs had previously been LPNs or LVNs compared to 32% of ADNs.

When asked about certificates earned or courses completed since graduation from nursing school, 19.7% of the ADN graduates and 15.8% of the BSN graduates reported that they had not participated in such activities. There were 27.1% of ADN graduates and 25.5% of BSN graduates who had earned Advanced Cardiac Life Support certification. Significantly more BSN graduates (66.3%) than ADN (58.6%) had earned Basic Life Support certification and had earned certification or taken a class in peritoneal dialysis (BSN 5.8% and ADN 3.2%).

E

activities. The percentages of time spent in the activities were remarkably similar for the two groups. The largest difference was in the area of provision of routine care to clients. The BSN graduates reported spending 2% more time in that activity than did the ADN (ADN 14% and BSN

Methodology

This section provides a description of the methodology used to conduct the practice analysis of newly licensed RN practice, and the procedures used in the secondary data analysis. Descriptions of the work of the panel of experts, questionnaire development, sample selection and data collection procedures are provided, as well as information about response rates, assurance of confidentiality, and the degree to which participants were representative of the population of newly licensed RNs.

2002 RN Practice Analysis Panel of Experts

A panel of 10 registered nurses was assembled to assist with the 2002 RN Practice Analysis. Panel members all worked with and/or supervised the practice of registered nurses within their first six months in the profession and represented all geographic areas of the country and all major nursing specialties.

The panel of experts used their unique knowledge of entry-level RN practice to complete a number of tasks. First, they reviewed summaries from activity logs completed by 107 newly licensed RNs working in various practice settings across the United States. The panel used the findings from the logs along with RN job descriptions and performance evaluation documents, past practice analysis task statements, and their own knowledge of practice to create a list of tasks performed by newly licensed RNs within the first six months of practice. This task list was

subsequently reviewed by the 2002 NCSBN Examination Committee and refined to include 137 items. The list of task statements included in the 2002 RN Practice Analysis may be found in Appendix A.

The panel then discussed the types of knowledge needed to perform activities pertinent to entry level nursing practice. A list of 18 knowledge categories were identified and defined for the study.

After the activity items had undergone review and editing by the 2002 NCSBN Examination Committee, the panel of experts provided activity item ratings to be used in validating the ratings obtained from incumbent nurses. They estimated the percentage of nurses in the country who would perform each activity within their practice settings, the average frequency with which each activity was performed daily by nurses performing the activity (on a 0 to 5+ scale), and the average priority the activity would have in relation to the provision of safe client care.

Finally, panel members performed an exercise linking the knowledge categories to the activity items. Each panel member considered the 18 knowledge categories as they related to each of the 137 activity items and indicated which of the knowledge categories were used in performing each activity. The panel ratings were aggregated and knowledge categories achieving an agreement from at least five of the panel members for an individual activity item were linked to that item.

Questionnaire Development

The 137 activity items and 18 knowledge categories created by the panel of experts and reviewed by the 2002 NCSBN Examination Committee were incorporated into a survey format. The survey was used in a pilot study in May and June of 2002. The questionnaire was modified based on the findings of the pilot study. Two survey forms were created to decrease the number of activity items contained on each. Twenty-five of the activity items were included on both survey forms. Those items were carefully selected to be those most commonly performed and those performed by small numbers of nurses in specialized practice settings. The remaining 112 activity items were randomly selected for placement on the two survey forms. The resulting surveys each contained 81 activity items, and aside from the 56 activity items unique to the individual forms, the two survey questionnaires were identical.

The surveys contained six sections. In the first section, questions addressed the participant's work experience including months of work as an RN and type and length of work orientation. The second section contained questions about the respondents' work environments including questions about work settings, client characteristics and work schedules. The third section focused on nursing activity performance and the knowledge needed to practice entry-level nursing. The fourth section requested information on the respondents' last day of work including numbers of hours worked, numbers of clients for whom care

was provided and the amount of time spent in various types of nursing activities. Questions in the fifth section asked for basic demographic information. The sixth and final section provided space for respondents to write comments or suggestions about the study. Form 1 of the survey questionnaire used in the 2002 RN Practice Activities may be found in Appendix B.

Survey Process

Sample Selection

A stratified random sample of 4,000 RNs was selected from lists of candidates successful on the NCLEX-RN examination between March 1, 2002 and May 31, 2002. The sample was stratified by type of basic nursing education and by area of the country, with processes being used to include representative numbers of subjects from each NCSBN jurisdiction. Representative numbers of successful candidates educated in foreign countries were also included.

Representativeness of Sample

The sample selected for this study was proportionally equivalent to the population from which the sample was drawn in terms of area of the country, type of basic nursing education program, subject ethnicity and subject gender.

Mailing Procedure

The sample of 4,000 was divided

Demographic information, including racial and ethnic backgrounds, educational preparation and gender of the respondents are presented next, followed by descriptions of participant work environments, including settings, shifts worked, and client characteristics.

Demographic Information

after graduation in the 2001 study

Table 4. Work Settings`

	Overall % (N=114)	2002		2001		
		ADN	BSN	Overall	ADN	BSN

[Redacted]

[Redacted]

[Redacted]

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[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

reported spent on each activity. Because nurses often perform more than one type of activity at a time, such as teaching while giving medications or providing emotional support while giving routine care, these proportions did not sum to 1.0. The proportions were standardized (converted to numbers summing to 1.0) by dividing the time spent in each category of activity by the sum of hours reportedly spent in all the activities.

The standardized proportions of

Table 8. Average Time Spent In Different Categories of Nursing Activities

Categories of Activities	ALL Standardized Proportion*	ADN Standardized Proportion*	BSN Standardized Proportion*
Medication-Related Activities Perform activities necessary for safe medication administration (check for incompatibilities, give medications by appropriate routes, check for side effects and/or desired effects, etc.)	0.16	0.16	0.15
Psychological Needs Activities Perform activities related to the psychological needs of clients (assess for client and family psychological needs; provide support and interventions to assist with coping, and maintenance or improvement of psychological functioning; etc.)	0.10	0.10	0.10
Assessment/Evaluation Activities Perform activities related to assessment and/or evaluation of patients (assess physical status, evaluate lab results, monitor treatment effects, reassessment rounds, etc)	0.20	0.20	0.20
Routine Care/Procedure Activities Perform routine patient care activities (provide routine cares such as baths, VSs, ambulation, etc.; perform procedures such as wound care, placing urinary catheters, starting IVs, etc.)	0.15	0.14	0.16
Care Environment Activities Perform activities related to the care environment (assess clients' home environments, provide a safe care environment, assess for safe functioning of client care equipment, etc.)	0.06	0.06	0.05
Education Activities Provide educational support to clients and families (assess level of knowledge, teach about condition and interventions, provide information about caring for others, etc.)	0.08	0.08	0.08
Health Care Team Activities Work effectively within a health care team (supervise or guide care provided to clients by other staff; communicate with physician, dietician, physical therapy, respiratory therapy, and/or other health team members about clients; take verbal or phone orders; perform discharge planning; teach staff members, etc.)	0.15	0.15	0.15
Administrative/ Management Activities Perform administration/management activities (e.g., schedule staff hours; hire, fire, or discipline staff members; make staff assignments; plan staff education activities; order supplies, etc.)	0.02	0.02	0.01
Ethical/Legal Perform activities related to the ethical or legal aspects of care (enquire about clients' advanced directives; provide for client privacy, act as a client advocate, etc.)	0.06	0.06	0.06
Other Activities	0.03	0.03	0.04

*Hours spent in each category divided by sum of hours spent in all categories.

type of facility were significant predictors of an entry-level nurse reporting a primary administrative position ($p < .05$, $p < .001$).

Alternative/Complementary Therapies

Survey respondents were asked which, if any, alternative/complementary therapies they routinely used in their current nursing positions. There were 50.9% of ADN and 52.6% of BSN graduates who reported they did not use any of the listed therapies. The most commonly used therapies were relaxation therapy (ADN 31.5% and BSN 27.7%), massage therapy (ADN 13.6% and BSN 14.3%), music therapy (ADN 10.1% and BSN 14%) and imagery (ADN 13.5% and BSN 8.5%). Significantly more ADNs reported using imagery and pet therapy (ADN 6.4% vs. BSN 3.6%) and significantly more BSNs used music therapy. See Table 11.

Summary

The majority of newly licensed nurses reported working in hospitals, mostly in medical/surgical and critical care settings. There were differences found in the work settings of ADN and BSN graduates, with BSN graduates more likely to work in critical care and pediatric units and ADN graduates working more in medical/surgical units and nursing homes. BSN graduates continued to work in greater numbers in larger facilities in more populated areas and to work more straight night and rotating shifts. The location and bed size of employing facility and type of educational preparation of the nurse were found to be predictors of administrative responsibilities and location and bed size of employing facility were predictors of having a primary administrative position.

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[Redacted]

[Redacted]

Table 12. Comparison of ADN and BSN Graduate Average Frequencies

#	Activity	Overall Average Frequency 0-5	2002 ADN Average Frequency	2002 BSN Average Frequency	ADN- BSN	t value	p
23	Check for potential interactions of medications with food, fluids and other drugs	3.06	3.26	2.57	0.69	3.58	0.0001
124	Maintain continuity of care between/among care agencies	1.79	1.8	1.16	0.64	3.08	0.002
147	Obtain urine specimens for diagnostic testing	2.00	2.07	1.46	0.61	3.31	0.001
31	Administer medication in the form of eye, ear or nose drops, sprays, ointments, or by inhalation (including nebulizer or metered dose inhaler)	2.16	2.16	1.6	0.56	3.22	0.001
66	Provide wound/ostomy care other than dressing change (i.e., wound irrigation, wound debridement, ostomy/fistula care, etc.)	1.65	1.66	1.14	0.52	2.81	0.005
110	Follow procedures for handling biohazardous materials	2.94	2.97	2.47	0.5	2.56	0.01
45	Perform or assist with dressing change (i.e., wound, central line dressing, etc.)	2.31	2.26	1.77	0.49	2.68	0.008
29	Administer medication by SQ, IM, intradermal, or topical route	3.53	3.66	3.18	0.48	3.84	0.0001
10	Assess client for drug/alcohol-related dependencies, withdrawal or toxicities	1.87	1.97	1.5	0.47	2.35	0.01
137	Perform a risk assessment (i.e., sensory impairment, potential for falls, level of mobility, etc.)	2.92	2.9	2.44	0.46	2.54	0.01
125	Provide client or family information about and/or comply with advanced directives	1.65	1.73	1.27	0.46	2.41	0.01
102	Provide a therapeutic or controlled environment for clients with emotional/behavioral issues	1.71	1.67	1.23	0.44	2.47	0.01
83	Perform peritoneal dialysis	1.18	1.13	0.69	0.44	2.08	0.038

Table 12, continued

#	Activity	Overall Average Frequency 0-5	2002 ADN Average Frequency	2002 BSN Average Frequency	ADN- BSN	t value	p
135	Serve as a resource person to other staff	2.22	2.36	1.99	0.37	2.1	0.03
111	Prepare/implement emergency response plans (i.e., internal/external disaster)	0.87	0.86	0.5	0.36	2.2	0.028
148	Obtain specimens, other than blood or urine, for diagnostic testing (i.e., PKU testing, wound cultures, stool specimens, etc.)	1.91	1.95	1.59	0.36	1.83	0.06
1	Evaluate client's weight	2.34	2.36	2.01	0.35	1.96	0.05
131	Assure that client has given informed consent for treatment	2.37	2.39	2.04	0.35	1.75	0.08
73	Provide intraoperative care (positioning, maintain sterile field, operative assessment, etc.)	2.21	2.32	1.98	0.34	1.94	0.05
92	Educate client/family on home safety issues	1.27	1.24	0.91	0.33	1.92	0.05
100	Participate in group sessions (i.e., therapy, support groups, etc.)	1.24	1.17	0.84	0.33	1.56	0.11
149	Use measures to maintain client's skin integrity (e.g., skin care, turn client, alternating pressure mattress, etc.)	3.67	3.65	3.34	0.31	1.75	0.08
141	Provide care that meets the special needs of the elderly client	3.14	3.09	2.78	0.31	1.48	0.13
38	Adjust/titrate dosage of medication based on assessment of physiologic parameters (i.e., giving insulin according to blood sugar levels, titrating medication to maintain a specified blood pressure, etc.)	2.99	3.03	2.72	0.31	1.59	0.11
127	Report unsafe practice of health care provider	0.64	0.65	0.35	0.3	2.24	0.02
67	Provide therapies for comfort and treatment of inflammation, swelling (apply heat and cold treatments, elevate limb, etc.)	2.28	2.25	1.95	0.3	1.68	0.09
93	Perform pre- and/or postoperative education	1.94	2	1.7	0.3	1.38	0.16
60	Care for devices and equipment used for drainage (i.e., surgical wound drains, chest tube suction or drainage devices, urethral catheter care, etc.)	2.58	2.67	2.37	0.3	1.61	0.1
65	Maintain desired temperature of client using external devices (e.g., hypothermia blankets, ice packs, etc.)	1.48	1.52	1.23	0.29	1.54	0.12
143	Provide care to client/family at end of life	1.22	1.21	0.92	0.29	1.58	0.11
106	Provide care and/or support for client with non-substance-related dependencies (i.e., gambling, pornography, pedophilia, etc.)	0.53	0.55	0.27	0.28	1.46	0.14
95	Provide information about health maintenance recommendations (i.e., physician visits, immunizations, screening exams, etc.)	1.85	1.89	1.61	0.28	1.36	0.17

Table 12, continued

#	Activity	Overall Average Frequency 0-5	2002 ADN Average Frequency	2002 BSN Average Frequency	ADN-BSN	t value	p
22	Prepare medication for administration (i.e., crush medications as needed and appropriate, place in appropriate administration device, assemble equipment, etc.)	3.46	3.48	3.21	0.27	1.53	0.12
54	Discontinue or remove IV, NG, urethral catheter, or other lines and tubes	2.60	2.67	2.4	0.27	1.36	0.17
99	Plan and/or participate in education to individuals	2.60	uu				

Table 12, continued

#	Activity	Overall Average Frequency 0-5	2002 ADN Average Frequency	2002 BSN Average Frequency	ADN- BSN	t value	p
76	Implement measures to manage/prevent possible complications of client's condition and/or procedure (i.e., circulatory complications, seizures, aspiration, potential neurological complications, etc.)	3.58	3.57	3.4	0.17	0.96	0.33
8	Identify client's risk for abuse/neglect	1.49	1.43	1.26	0.17	0.97	0.33
144	Assist client to compensate for a sensory impairment (e.g., hearing, sight, etc.)	1.65	1.66	1.49	0.17	0.9	0.36
97	Educate client and family about rights and responsibilities	2.38	2.41	2.24	0.17	0.82	0.41
133	Comply with regulations for reporting (e.g., abuse/neglect, communicable disease, gunshot wounds, dog bites, etc.)	0.91	0.86	0.7	0.16	0.98	0.32
146	Intervene with client who has an alteration in nutritional intake (e.g., institute diet, change method or time of meals, arrange for more ethnically appropriate foods, etc.)	1.62	1.52	1.38	0.14	0.83	0.4
122	Initiate/update multidisciplinary care plan, care map, clinical pathway used to guide or evaluate client care	2.84	2.9	2.76	0.14	0.73	0.46
15	Perform age-specific screening examinations (i.e., Denver Developmental, scoliosis assessment, breast examinations, testicular examinations, etc.)	1.02	0.96	0.82	0.14	0.56	0.57
84	Incorporate alternative/complementary therapies into client's plan of care (i.e., acupuncture, dance therapy, music therapy, play therapy, etc.)	1.02	0.94	0.81	0.13	0.66	0.5
94	Educate client and family about pain management	2.89	2.92	2.8	0.12	0.67	0.5
5	Assess/triage clients to prioritize the order of care delivery	3.48	3.6	3.48	0.12	0.63	0.52
37	Administer medication by less common routes (i.e., vaginally, rectally, bladder instillation, continuous abdominal peritoneal dialysis, endotracheal tube, by epidural catheter or intraosseous)	1.22	1.23	1.11	0.12	0.69	0.48
69	Perform irrigations (i.e., of bladder, ear, eye, etc.)	1.05	0.99	0.89	0.1	0.63	0.52
103	Actively listen to client/family concerns	3.83	3.87	3.78	0.09	0.64	0.52
9	Identify the need for, institute and maintain suicide precautions	1.04	0.92	0.83	0.09	0.53	0.59
88	Provide client and family with information about condition/illness, expected progression and/or possible outcomes	3.35	3.4	3.31	0.09	0.85	0.39
20	Check/verify accuracy of order	4.18	4.24	4.15	0.09	0.7	0.48
101	Facilitate client and/or family coping (i.e., end-of-life care, loss, grief, new diagnosis, lifestyle changes, body image, role change, stress management, crisis situations, etc.)	1.91	1.9	1.82	0.08	0.45	0.64

Table 12

The table contains 12 rows of data, all of which have been redacted with grey bars. The redaction covers the entire content of each row, making the data unreadable.

Table 12, continued

#	Activity	Overall Average Frequency 0-5	2002 ADN Average Frequency	2002 BSN Average Frequency	ADN- BSN t value	pes11 Te

Table 12, cont



Table 13. Comparison of Frequencies of Prior LPN/VNs and Those Who Had Not Been LPN/VNs

#	Activity	Overall Average Frequency 0-5	2002 Prior PN Ave. Frequency	2002 Not Prior PN Ave. Frequency	Prior – Not	t value	p
10	Assess client for drug/alcohol-related dependencies, withdrawal or toxicities	1.87	2.41	1.64	0.77	3.44	0.001
93	Perform pre- and/or postoperative education	1.94	2.46	1.72	0.74	3.19	0.001
102	Provide a therapeutic or controlled environment for clients with emotional/behavioral issues	1.71	2.1	1.4	0.7	3.63	0.0001
31	Administer medication in the form of eye, ear or nose drops, sprays, ointments or by inhalation (including nebulizer or metered dose inhaler)	2.16	2.48	1.85	0.63	3.32	0.001
106	Provide care and/or support for client with non-substance-related dependencies (i.e., gambling, pornography, pedophilia, etc.)	0.53	0.97	0.36	0.61	2.85	0.005
15	Perform age-specific screening examinations (i.e., Denver Developmental, scoliosis assessment, breast examinations, testicular examinations, etc.)	1.02	1.36	0.76	0.6	2.31	0.02
98	Document teaching performed and level of understanding: client, family, or staff	3.30	3.77	3.18	0.59	3.15	0.002
144	Assist client to compensate for a sensory impairment (e.g., hearing, sight, etc.)	1.65	2.03	1.44	0.59	3.02	0.003
66	Provide wound/ostomy care other than dressing change (i.e., wound irrigation, wound debridement, ostomy/fistula care, etc.)	1.65	1.95	1.37	0.58	2.94	0.003
135	Serve as a resource person to other staff	2.22	2.67	2.11	0.56	2.89	0.004
97	Educate client and family about rights and responsibilities	2.38	2.76	2.21	0.55	2.55	0.01
95	Provide information about health maintenance recommendations (i.e., physician visits, immunizations, screening exams, etc.)	1.85	2.19	1.65	0.54	2.53	0.01
116	Participate in performance improvement/quality assurance process (formally collect data or participate on a team)	1.48	1.84	1.3	0.54	2.39	0.01
146	Intervene with client who has an alteration in nutritional intake (e.g., institute diet, change method or time of meals, arrange for more ethnically appropriate foods, etc.)	1.62	1.9	1.36	0.54	2.98	0.003
82	Remove wound sutures or staples	0.99	1.31	0.79	0.52	2.89	0.004
131	Assure that client has given informed consent for treatment	2.37	2.64	2.15	0.49	2.18	0.03
81	Provide care to client in the postoperative period	2.31	2.64	2.15	0.49	1.97	0.04
87	Provide education on growth and development	1.16	1.48	0.99	0.49	2.28	0.02
124	Maintain continuity of care between/among care agencies	1.79	1.99	1.5	0.49	2.28	0.02
86	Educate client and/or family about medication regimen, treatments and procedures	3.20	3.56	3.08	0.48	2.5	0.01

Table 13, continued

#	Activity	Overall Average Frequency 0-5	2002 Prior PN Ave. Frequency	2002 Not Prior PN Ave. Frequency	Prior – Not	t value	p
141	Provide care that meets the special needs of the elderly client	3.14	3.37	2.9	0.47	2.16	0.03
125	Provide client or family information about, and/or comply with, advanced directives	1.65	1.94	1.48	0.46	2.29	0.02
45	Perform or assist with dressing change (i.e., wound, central line dressing, etc.)	2.31	2.5	2.05	0.45	2.24	0.02
94	Educate client and family about pain management	2.89	3.22	2.78	0.44	2.23	0.02
100	Participate in group sessions (i.e., therapy, support groups, etc.)	1.24	1.38	0.94	0.44	2.23	0.02
143	Provide care to client/family at end of life	1.22	1.49	1.06	0.43	1.64	0.1
64	Access implanted venous access devices (i.e., porta-cath, P.A.S. port, shunt, etc.)	1.32	1.56	1.14	0.42	2.04	0.04
130	Report error/event/occurrence per protocol (i.e., medication error, client fall, etc.)	1.04	1.28	0.86	0.42	2.4	0.01
117	Make appropriate referrals to community resources	1.18	1.44	1.02	0.42	2.3	0.02
67	Provide therapies for comfort and treatment of inflammation and swelling (apply heat and cold treatments, elevate limb, etc.)	2.28	2.5	2.08	0.42	2.16	0.03
113	Follow institution's policy regarding the use of client restraints or safety devices	1.85	2.04	1.65	0.39	1.68	0.09
69	Perform irrigations (i.e., of bladder, ear, eye, etc.)	1.05	1.23	0.84	0.39	2.3	0.02
72	Use precautions to prevent further injury when						

Table 13, continued

#	Activity	Overall Average Frequency 0-5	2002 Prior PN Ave. Frequency	2002 Not Prior PN Ave. Frequency	Prior – Not	t value	p
104	Assist client with emotional and spiritual needs	2.28	2.44	2.15	0.29	1.48	0.13
48	Intervene with client who has an alteration in bowel elimination (e.g., give enema, remove fecal impaction)	1.74	1.84	1.55	0.29	1.4	0.15
71	Perform gastric lavage	0.91	1.08	0.79	0.29	1.32	0.18
1	Evaluate client's weight	2.34	2.46	2.18	0.28	1.49	0.13
73	Provide intraoperative care (positioning, maintain sterile field, operative assessment, etc.)	2.21	2.41	2.14	0.27	1.4	0.15
17	Monitor client's physiologic response during and after conscious sedation	1.60	1.73	1.46	0.27	1.07	0.28
111	Prepare/implement emergency response plans (i.e., internal/external disaster)	0.87	0.95	0.68	0.27	1.56	0.11
108	Assess psychosocial, spiritual, cultural and occupational factors affecting care	2.84	3.09	2.84	0.25	1.92	0.05
29	Administer medication by SQ, IM, intradermal or topical route	3.53	3.67	3.42	0.25	1.85	0.06
40	Administer blood products	1.50	1.6	1.35	0.25	1.21	0.22
55	Perform procedures necessary for admitting, transferring or discharging a client	2.67	2.85	2.62	0.23	1.68	0.09
13	Perform and utilize health history	2.77	2.9	2.68	0.22	1.06	0.28
68	Apply, maintain or remove orthopedic devices (e.g., traction, splints, braces, casts, ace wraps, etc.)	1.34	1.48	1.28	0.2	0.98	0.32
96	Identify barriers to learning	2.25	2.44	2.24	0.2	1.04	0.29
51	Insert urethral catheter	1.47	1.54	1.35	0.19	0.93	0.35
59	Start an intravenous line (IV)	2.18	2.31	2.12	0.19	0.88	0.37
89	Provide information necessary for prevention of high risk health behaviors (i.e., smoking cessation, safe sexual practices, etc.)	1.51	1.59	1.41	0.18	0.9	0.36
8	Identify client's risk for abuse/neglect	1.49	1.54	1.36	0.18	0.91	0.36
41	Administer drugs to induce conscious sedation	1.00	1.16	0.98	0.18	0.76	0.44
52	Provide client nutrition through continuous or intermittent tube feedings	2.03	2.04	1.86	0.18	0.76	0.44
65	Maintain desired temperature of client using external devices (e.g., hypothermia blankets, ice packs, etc.)	1.48	1.54	1.37	0.17	0.79	0.42
99	Plan and/or participate in education to individuals in the community (health fairs, school education, drug education, STD, etc.)	1.25	1.3	1.14	0.16	0.81	0.41
137	Perform a risk assessment (i.e., sensory impairment, potential for falls, level of mobility, etc.)	2.92	2.91	2.75	0.16	0.82	0.41
110	Follow procedures for handling biohazardous materials	2.94	2.96	2.8	0.16	0.75	0.44

Table 13, continued

#	Activity	Overall Average Frequency 0-5	2002 Prior PN Ave. Frequency	2002 Not Prior PN Ave. Frequency	Prior – Not	t value	p
121	Supervise care provided by others (i.e., LPN/VN, assistive personnel, other RNs, etc.)	3.17	3.26	3.1	0.16	1.1	0.27
50	Assist with invasive procedures (i.e., central line placements, biopsies, debridements, etc.)	1.32	1.34	1.19	0.15	0.78	0.43
127	Report unsafe practice of health care provider	0.64	0.66	0.51	0.15	1.07	0.28
142	Assist client/family to identify/participate in activities fitting his/her age, preference, physical capacity, and psychosocial/behavioral/physical development	1.81	1.83	1.69	0.14	0.71	0.47
134	Comply with regulations governing controlled						
50	Asplement meheostomyneousn, cJ2ttracem(i.e., cen-4036962.62726			0721	0.53	0069	0349

Table 13, continued

Overall
Average 2002 Prior 2002 Not
Frequency P Prior PN

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Table 13, continued

#	Activity	Overall Average Frequency 0-5	2002 Prior PN Ave. Frequency	2002 Not Prior PN Ave. Frequency	Prior – Not	t value	p
e							

Table 13, continued

#	Activity	Overall Average Frequency 0-5	2002 Prior PN Ave. Frequency	2002 Not Prior PN Ave. Frequency	Prior – Not	t value	p
139	Perform postnatal care	1.98	1.88	2.08	-0.2	-0.65	0.51
61	Assure appropriate and safe use of equipment in performing client care procedures and treatments	3.57	3.41	3.62	-0.21	-1.2	0.22
57	Administer oxygen therapy	3.09	2.9	3.12	-0.22	-1.13	0.25
120	Collaborate with other disciplines in providing client care (i.e., physician, RT, PT, radiology, dietary, lab, etc.)	3.47	3.26	3.5	-0.24	-1.41	0.15
138	Perform intranatal care (care provided during labor and delivery)						

The Subject Matter Expert Panel for the 2002 RN Practice Analysis developed a list of 18 categories of knowledge necessary for the performance of entry-level nursing practice. Those knowledge categories were included on the survey form with their definitions. This section presents information comparing ADN and BSN respondent ratings related to the 18 categories of knowledge.

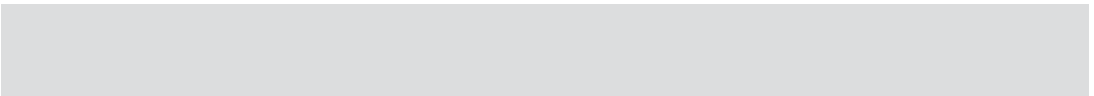
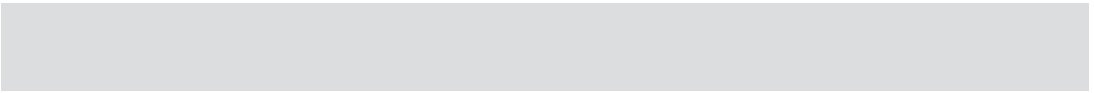
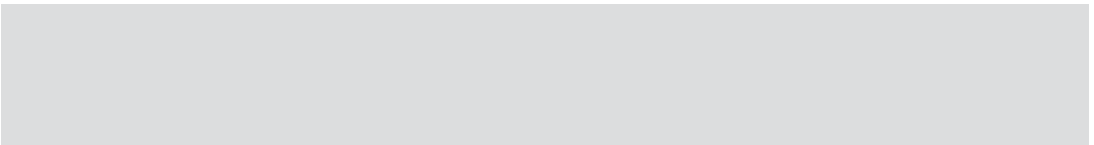
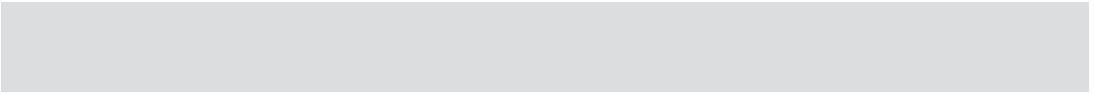
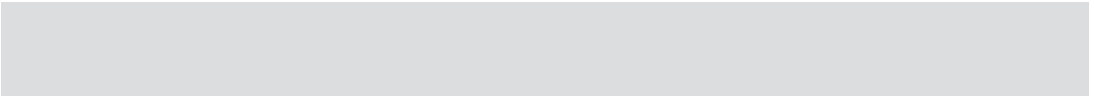
Knowledge Category Importance Ratings

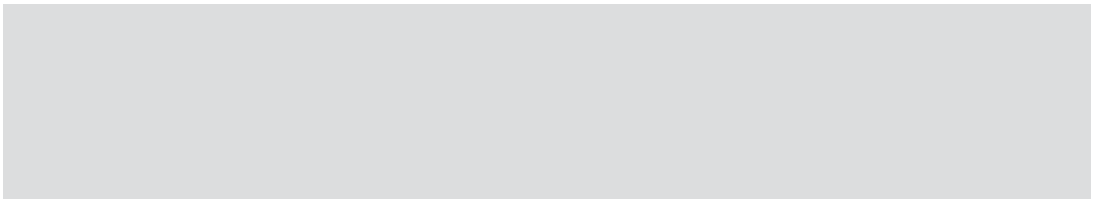
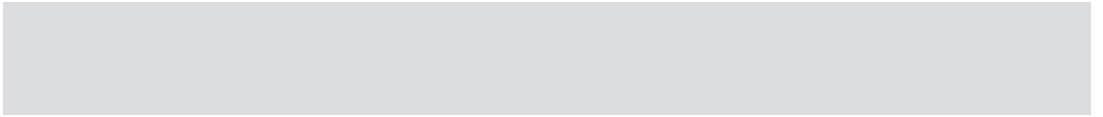
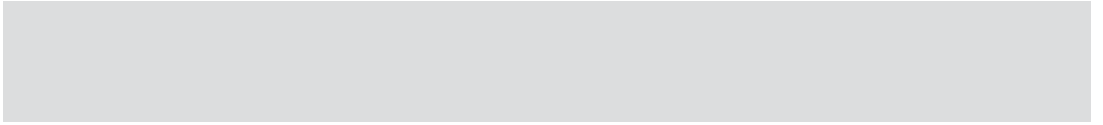
The 2002 RN Practice Analysis contained a section asking respondents to rate the importance and usage of each of 18 categories of knowledge (see Table 14.1). They rated the importance of each knowledge category to their current work on a scale of 0 to 3 with 3 equaling the greatest importance. There were statistically significant differences found between the average ratings provided by the ADN and BSN respondents for eight of the categories: mathematics (ADN 2.81 vs. BSN 2.72), nutrition (ADN 2.31 vs. BSN 2.31).

The results of this study support the findings of the 2001 RN Practice Analysis Update, i.e., the differences in practice between the graduates of ADN and BSN educational programs can be largely attributed to some differences in work settings and past experience.

References

Smith, J. E. & Crawford, L. H. (2002). Report of Findings from the 2001 RN Practice Analysis Update, NCSBN Research Brief, 1portCwr6i(e)Tjrc/c/c2u32c u5001 R.National Council ast





Master #	PAS Form	# 2002 S
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Master #	PAS Form	# 2002 Survey	Activity
76	B	28	Implement measures to manage/prevent possible complications of client's condition and/or procedure (i.e., circulatory complications, seizures, aspiration, potential neurological complications, etc.)
48	B	29	Intervene with client who has an alteration in bowel elimination (e.g., give enema, remove fecal impaction)
38	B	30	Adjust/titrate dosage of medication based on assessment of physiologic parameters (i.e., giving insulin according to blood sugar levels, titrating medication to maintain a specified blood pressure, etc.)
16	B	31	Evaluate the results of diagnostic testing (e.g., lab, radiology, EKG, etc.)
81	B	32	Provide care to the patient in the postoperative period
131	B	33	Assure that client has given informed consent for treatment
13	B	34	Perform and utilize health history
52	B	35	Provide client nutrition through continuous or intermittent tube feedings
37	B	36	Administer medication by less common routes (i.e., vaginally, rectally, bladder instillation, continuous abdominal peritoneal dialysis, endotracheal tube, by epidural catheter or intraosseous)
93	B	37	Perform pre- and/or postoperative education
77	B	38	Perform phototherapy
126	B	39	Maintain client confidentiality/privacy
20	B	40	Check/verify accuracy of order
10	B	41	Assess client for drug/alcohol-related dependencies, withdrawal or toxicities
23	B	42	Check for potential interactions of medications with food, fluids and other drugs
86	B	43	Educate patient and family about medication regimen, treatments and procedures
71	B	44	Perform gastric lavage
136	B	45	Participate in educating staff
140	B	46	Perform fetal heart monitoring
9	B	47	Identify the need for, institute and maintain suicide precautions
17	B	48	Monitor client's physiologic response during and after conscious sedation
148	B	49	Obtain specimens, other than blood or urine, for diagnostic testing (i.e., PKU testing, wound cultures, stool specimens, etc.)
65	B	50	Maintain desired temperature of client using external devices (e.g., hypothermia blankets, ice packs, etc.)
123	B	51	Receive and/or transcribe health care provider orders

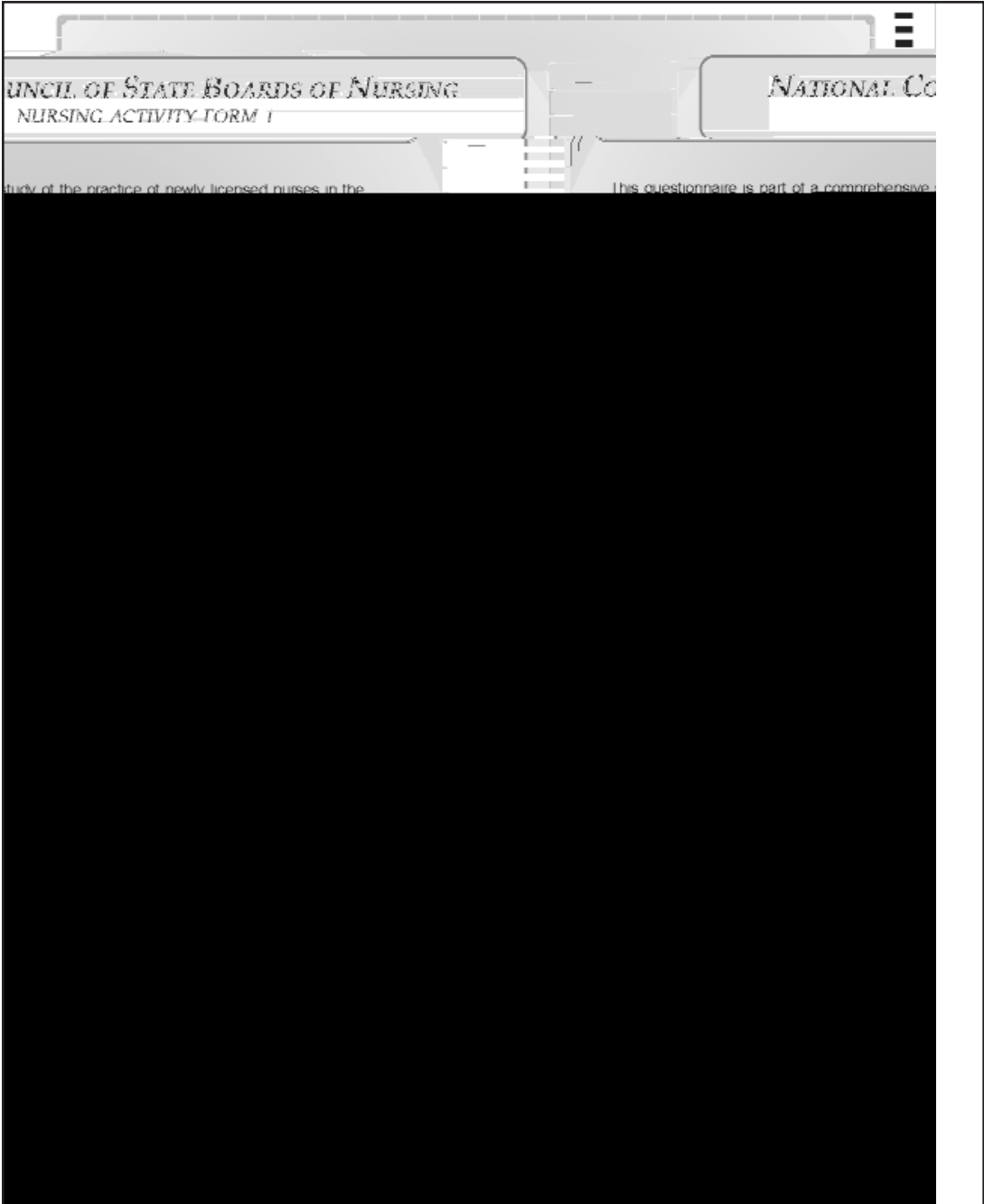
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Master #	PAS Form	# 2002 Survey	Activity
149	B	54	Use measures to maintain client's skin integrity (e.g., skin care, turn client, alternating pressure mattress, etc.)
44	B	55	Obtain specimens by drawing blood peripherally or through central line
60	B	56	Care for devices and equipment used for drainage (i.e., surgical wound drains, chest tube suction or drainage devices, urethral catheter care, etc.)
122	B	57	Initiate and update multidisciplinary care plan, care map and clinical pathway used to guide and evaluate client care
143	B	58	Provide care to client/family at end of life
144	B	59	Assist client to compensate for a sensory impairment (e.g., hearing, sight, etc.)
84	B	60	Incorporate alternative/complementary therapies into client's plan of care (i.e., acupuncture, dance therapy, music therapy, play therapy, etc.)
24	B	61	Review pertinent data prior to medication administration (i.e., VS, lab results, allergies, etc.)
57	B	62	Administer oxygen therapy
116	B	63	Participate in performance improvement/quality assurance process (formally collect data or participate on a team)
130	B	64	Report error/event/occurrence per protocol (i.e., medication error, client fall, etc.)
105	B	65	Provide support/respect for client's cultural practices/beliefs
70	B	66	Apply and maintain devices used to promote venous return (TED hose, sequential compression devices, etc.)
134	B	67	Comply with regulations governing controlled substances (e.g., counting narcotics, wasting narcotics, etc.)
49	B	68	Perform tracheostomy care
113	B	69	Follow institution's policy regarding the use of client restraints or safety devices
101	B	70	Facilitate client and/or family coping (i.e., end-of-life care, loss, grief, new diagnosis, lifestyle changes, body image, role change, stress management, crisis situations, etc.)
68	B	71	Apply, maintain or remove orthopedic devices (e.g., traction, splints, braces, casts, ace wraps, etc.)
41	B	72	Administer drugs to induce conscious sedation
4	B	73	Assess invasive monitoring data
111	B	74	Prepare/implement emergency response plans (i.e., internal/external disaster)
91	B	75	Teach clients and families about the safe use of equipment needed for care
95	B	76	Provide information about health maintenance recommendations (i.e., physician visits, immunizations, screening exams, etc.)
54	B	77	Discontinue or remove IV, NG, urethral catheter, or other lines and tubes
42	B	78	Document medication administration and client response

Master #	PAS Form	# 2002 Survey	Activity
1	A	29	Evaluate client's weight
39	A	30	Monitor and maintain infusion sites, and equipment (i.e, flushing infusion devices, checking rates, fluids and sites, etc.)
147	A	31	Obtain urine specimens for diagnostic testing
96	A	32	Identify barriers to learning
129	A	33	Recognize tasks/assignments you are not prepared to perform and seek assistance
90	A	34	Provide perinatal education
125	A	35	Provide client or family information about and/or comply with advanced directives
31	A	36	Administer medication in the form of eye, ear or nose drops, sprays, ointments, or by inhalation (including nebulizer or metered dose inhaler)
80	A	37	Prepare patient for surgery
67	A	38	Provide therapies for comfort and treatment of, inflammation and swelling (apply heat and cold treatments, elevate limb, etc.)
127	A	39	Report unsafe practice of health care provider
87	A	40	Provide education on growth and development
106	A	41	Provide care and/or support for client with non-substance-related dependencies (i.e., gambling, pornography, pedophilia, etc.)
25	A	42	Perform calculations needed for medication administration
53	A	43	Perform an electrocardiology test (EKG)
66	A	44	Provide wound/ostomy care other than dressing change (i.e., wound irrigation, wound debridement, ostomy/fistula care, etc.)
135	A	45	Serve as a resource to other staff
142	A	46	Assist client/family to identify/participate in activities fitting his/her age, preference, physical capacity and psychosocial/behavioral/physical development
102	A	47	Provide a therapeutic or controlled environment for clients with emotional/behavioral issues
22	A	48	Prepare medication for administration (i.e., crush medications as needed and appropriate, place in appropriate administration device, assemble equipment, etc.)
43	A	49	Perform diagnostic testing (i.e., O ₂ saturation, glucose monitoring, testing for occult blood, gastric Ph, urine specific gravity, etc.)
58	A	50	Perform oral or pulmonary suctioning
124	A	51	Maintain continuity of care between/among care agencies
79	A	52	Provide newborn care
107	A	53	Promote healthy family, client and community interactions
146	A	54	Intervene with client who has an alteration in nutritional intake (e.g., institute diet, change method or time of meals, arrange for more ethnically appropriate foods, etc.)
137	A	55	Perform a risk assessment (i.e., sensory impairment, potential for falls, level of mobility, etc.)
50	A	56	Assist with invasive procedures (i.e., central line placements, biopsies, debridements, etc.)
120	A	57	Collaborate with other disciplines in providing client care (i.e., physician, RT, PT, radiology, dietary, lab, etc.)

Appendix B

Survey Tool



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SECTION 1: EXPERIENCE AND ORIENTATION

What is your primary nursing position (e.g., Unit Manager, Team Leader, Charge Nurse, etc.)?

Is this your primary position? Yes No

Example: 08 Months

How long have you worked in this position? Months

SECTION 2: WORK ENVIRONMENT

Which of the following best describes most of your clients on the last day you worked? (Select all that apply.)

Well clients, those with minor illnesses

Older, frail clients

Clients with unstable chronic conditions

Clients with acute conditions, including clients with medical emergencies

Clients with behavioral health conditions

Other, please specify: _____

2. Have you ever worked outside the U.S. as a Registered Nurse? Yes No (Skip to question 3.)

3. Which of the following best describes the ages of most of your clients on the last day you worked? (Select all that apply.)

Infancy (ages 0-2)

Adolescent (ages 13-18)

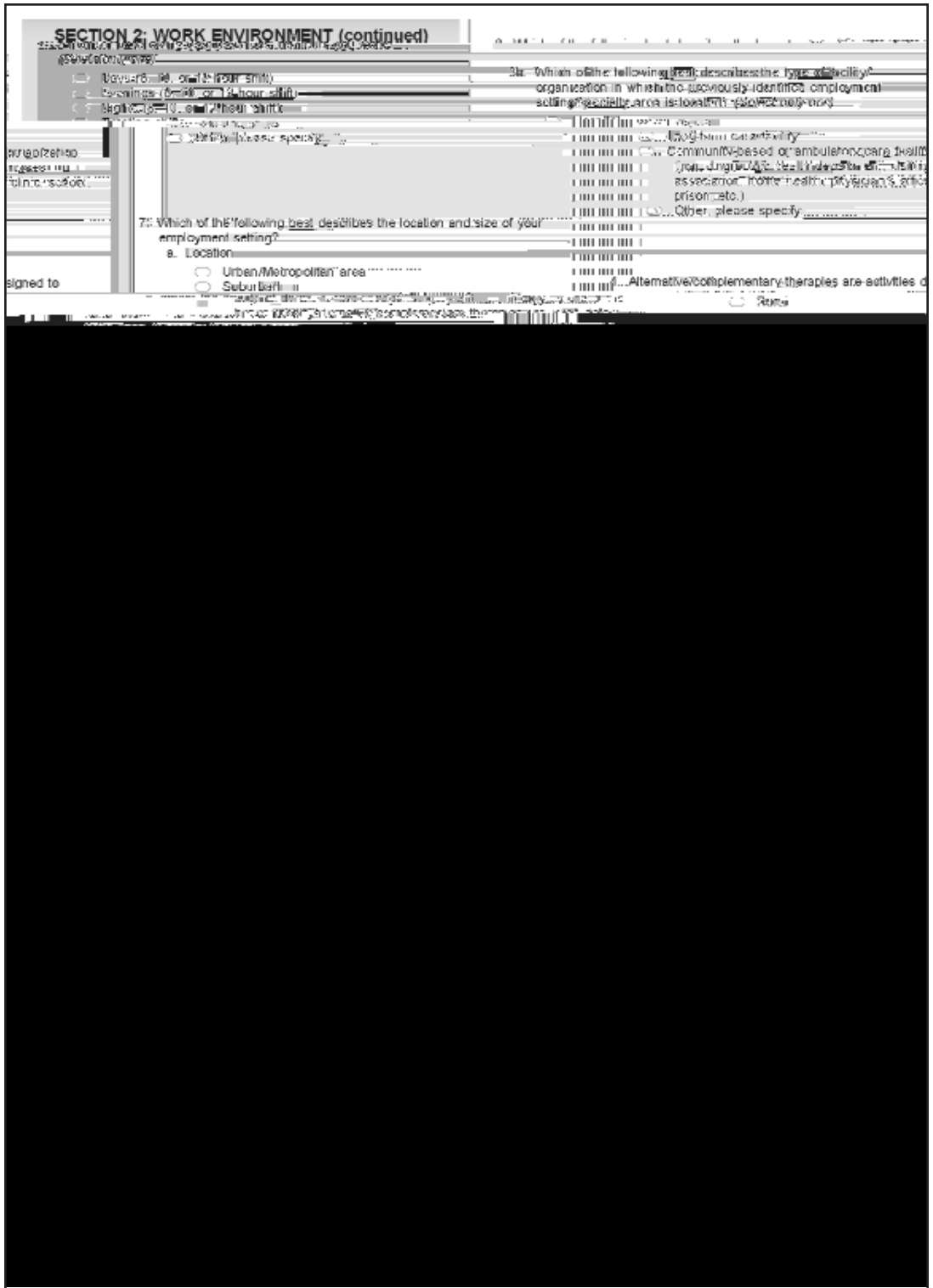
Young Adult (ages 19-30)

3. Which of the following best describes the orientation you received in your current position? (Select only one.)

New Graduate

Intermediate

Experienced



SECTION 3 PART A: NURSING ACTIVITIES (continued)

A-Frequency **B-Priority**

NEVER	1 Time	2 Times	3 Times	4 Times	5 or more	Lowest	Low	High	Highest
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Question A – If an activity does not apply to your work setting, mark "Never Performed in work setting" then move to next activity. If activity is performed in your work setting mark 0-5+ reflection the frequency of performing the activity.

Do you perform the activity? (Yes/No) Do you perform the activity? (Yes/No)

Activity	NEVER	1 Time	2 Times	3 Times	4 Times	5 or more	Lowest	Low	High	Highest
... treatments performed and response to treatment										
... for admitting, transferring, or discharging a client										
... respiratory support (etc.)										
... Assess clients vital signs (i.e., temperature, pulse, respiratory rate, and blood pressure)										
... (i.e., social, spiritual, cultural, and occupational factors) in patient care										
10. Perform intra-natal care (care provided during labor and birth)										
... appropriateness of medication order for client (i.e., is the medication appropriate to treat the condition, given by appropriate route, in appropriate dosage, etc.)										
... re provided by others (i.e., LPN/VN, assistive personnel, other RNs, etc.)										
11. Evaluate appropriate client's condition										
12. Supervise other nursing personnel										

SECTION 3 PART A: NURSING ACTIVITIES (continued)		
	A-Frequency	B-Priority
Perform the work setting's level of care activities. (i.e., activities as defined in your work setting's level of care reflecting the frequency of performing the activity on your last day of work when complete. Question B. Rate the overall priority of this activity considering client safety, order, threat of complications or distress with the client. (i.e., level of care.)		
48. Prepare medication for administration (i.e., crush medications as needed and appropriate, appropriate administration route, accurate calculation, etc.)		
49. Perform diagnostic testing (i.e., O2 saturation, glucose monitoring, testing for occult blood, urine-specific gravity, etc.)		
50. Perform oral or pulmonary suctioning		
51. Maintain continuity of care between/among care agencies		
52. Provide newborn care		
53. Provide appropriate family, social and community interactions		
54. Intervene with client who has an alteration in nutritional intake (e.g., institute diet, time of meals, arrange for more ethnically appropriate foods, etc.)		
55. Perform a risk assessment (i.e., sensory impairment, potential for falls, level of mobility, etc.)		
56. Assist with invasive procedures (i.e., central line placements, biopsies, debridement, lab, etc.)		
57. Collaborate with other disciplines in providing client care (i.e., physician, RT, PT, etc.)		
58. Protect client from injury (e.g., falls, electrical hazards, malfunctioning equipment, etc.)		
59. Use precautions to prevent further injury when moving client with cervical or spinal injury (i.e., log-rolling, abduction pillow)		
60. Educate client and family about pain management		
61. Perform or assist with dressing change (i.e., wound, central line dressing, etc.)		
62. Make appropriate referrals to community resources		

SECTION 3 PART B: KNOWLEDGE

This section contains categories of knowledge that may be used in nursing practice. Rate each of the knowledge categories by marking the ovals corresponding with the following two scales:

Importance	Usage
How important is this knowledge to the work you perform in your current nurse practice setting?	How do you most often use this type of knowledge in providing safe care to clients within your nurse practice setting?
0 – Not important 1 – Minimally important 2 – Moderately important 3 – Very important	0 – I do not use the knowledge 1 – I recognize/recall the knowledge 2 – I apply/interpret/analyze the knowledge

	<p>Biologic sciences (anatomy & physiology, biology, microbiology): The study of life and living things including the structure and function of the human body and the organisms which invade it.</p> <p>Communication skills: Knowledge and use of oral, non-verbal, written and information technology communication skills necessary for safe, effective client care. These skills are utilized to accurately deliver and receive information between and among the nurse, the patient, the family, and the health care team.</p> <p>Economics: The study of the management of fiscal resources. This includes a beginning knowledge of access-to-care issues.</p> <p>Mathematics: Ability to perform the calculations needed to determine drug dosages and to estimate and evaluate nutritional intake.</p> <p>Nutrition: Knowledge of the processes involved in ingesting, digesting, and absorbing nutrients and the effects of these processes on health.</p> <p>Pathophysiology: Knowledge of how normal physiologic processes are altered by disease.</p> <p>Pharmacology: Knowledge of drugs, their actions, and their effects on the human body.</p>
	<p>Physical sciences (chemistry and physics): Knowledge of substances, such as electrolytes and vitamins, and the laws governing matter and their influence on normal human functions.</p> <p>Principles of teaching and learning: Knowledge needed to assess learning situations and identify optimal methods of teaching clients of all ages.</p> <p>Quality management/infection control: Knowledge needed to institute/utilize infection control measures, recognize and report incidents/errors/occurrences, and actively promote the improvement of client care processes. Also included is knowledge of standards set by accrediting organizations such as JCAHO, OSHA, and others.</p> <p>Knowledge of the emotional, psychological, spiritual, and social functioning of human beings throughout their life span, individually and in families or other societal groups.</p> <p>Care management/leadership: Knowledge needed to organize and coordinate the care needed by one client, a group of clients, or a community. This knowledge includes basic management principles such as motivational strategies, group dynamics, and conflict resolution.</p>
	<p>Clinical decision-making/critical thinking: The ability to synthesize, organize and prioritize the multiple variables governing a situation and devise a workable plan for solving problems.</p> <p>Ethics: Knowledge of the principles governing the conduct of a nurse. These principles deal with the relationship of a nurse to the client, families, the health care team, the nursing profession and society.</p> <p>Knowledge needed to perform nursing procedures and psycho-motor skills: Nursing-specific knowledge about performance of procedures and skills such as insertion of a urethral catheter, starting an IV, changing a wound dressing, inserting a naso-gastric tube, collecting lab specimens, reading telemetry strips, monitoring fetal heart tones, etc.</p> <p>Nursing diagnosis: Knowledge needed to recognize assessment data necessitating assignment of one or more identified nursing diagnoses.</p> <p>Nursing research: Knowledge of how to appropriately evaluate the results of nursing research for use in client care.</p> <p>Scope of practice/professional roles: Knowledge of one's own level, scope of practice and the scope of practice of other professionals.</p>

SECTION 4: DESCRIPTION OF YOUR LAST DAY OF WORK

Provide a detailed description of your last day of work. Describe the types of activities you performed, the approximate amount of time you spent on each, and the number of patients/clients you were responsible for during that time. If you were a nursing assistant, etc., you do not have to become a RN or APRN to be eligible for licensure. If you were a nurse, you must be a nurse to be eligible for licensure. If you were a physician, you must be a physician to be eligible for licensure. If you were a nurse practitioner, you must be a nurse practitioner to be eligible for licensure. If you were a nurse anesthetist, you must be a nurse anesthetist to be eligible for licensure. If you were a nurse midwife, you must be a nurse midwife to be eligible for licensure. If you were a nurse practitioner, you must be a nurse practitioner to be eligible for licensure. If you were a nurse anesthetist, you must be a nurse anesthetist to be eligible for licensure. If you were a nurse midwife, you must be a nurse midwife to be eligible for licensure.

2. For how many patients/clients were you responsible on your last day of work? This includes clients or patients to whom you were assigned to provide direct care. Indirect care provided through others—such as licensed practical nurses or nursing assistants or other non-nurse tasks—of which you are responsible for care during all or most of your day on the work setting.

Number of patients/clients for whom you were responsible providing care by: direct indirect

3. How much of your last day of work did you spend performing each of the following types of activities? For each of the activities, indicate the approximate amount of time you spent on that type of activity on your last day of work rounded to the nearest 15 minutes. Do not include time spent on activities that are not listed below.

Types of Activities	Approximate Amount of Time (hours)
Administrative activities (e.g., charting, billing, or scheduling)	00:00
Education activities (e.g., teaching or supervising staff)	00:00
Management activities (e.g., supervising or coordinating staff)	00:00
Other (specify):	00:00

1. Did you work as a nursing assistant, aide, etc., prior to becoming a RN or APRN? Yes No

If "Yes," for how many years and months?

Years: Months:

If "No," skip to question 2.

If you were a nursing assistant, etc., prior to becoming a RN or APRN, check for incompatibilities with medications by appropriate:

Yes No

#	Activity	Overall Average Frequency 0-5	2002 ADN Average Frequency	2002 BSN Average Frequency
106	Provide care and/or support for client with non-substance-related			

#	Activity	Overall Average Frequency 0-5	2002 ADN Average Frequency	2002 BSN Average Frequency
48	Intervene with client who has an alteration in bowel elimination (e.g., give enema, remove fecal impaction)	1.74	1.69	1.43
91	Teach clients and families about the safe use of equipment needed for care	1.76	1.76	1.52
124	Maintain continuity of care between/among care agencies	1.79	1.8	1.16
142	Assist client/family to identify/participate in activities fitting his/her age, preference, physical capacity and psychosocial/behavioral/physical development	1.81	1.78	1.53
72	Use precautions to prevent further injury when moving client with cervical or spinal injury (i.e., log-rolling, abduction pillow)	1.84	1.79	1.55
113	Follow institution's policy regarding the use of client restraints or safety devices	1.85	1.78	1.53
95	Provide information about health maintenance recommendations (i.e., physician visits, immunizations, screening exams, etc.)	1.85	1.89	1.61
10	Assess client for drug/alcohol-related dependencies, withdrawal or toxicities	1.87	1.97	1.5
148	Obtain specimens, other than blood or urine, for diagnostic testing (i.e., PKU testing, wound cultures, stool specimens, etc.)	1.91	1.95	1.59
101	Facilitate client and/or family coping (i.e., end-of-life care, loss, grief, new diagnosis, lifestyle changes, body image, role change, stress management, crisis situations, etc.)	1.91	1.9	1.82
107	Promote healthy family, client and community interactions	1.92	1.84	1.85
93	Perform pre- and/or postoperative education	1.94	2	1.7
58	Perform oral or pulmonary suctioning	1.95	1.73	2.06
79	Provide newborn care	1.97	1.74	2.7
139	Perform postnatal care	1.98	1.93	2.14
147	Obtain urine specimens for diagnostic testing	2.00	2.07	1.46
129	Recognize tasks/assignments you are not prepared to perform and seek assistance	2.01	1.91	2.1
52	Provide client nutrition through continuous or intermittent tube feedings	2.03	1.98	1.76
31	Administer medication in the form of eye, ear or nose drops, sprays, ointments or by inhalation (including nebulizer or metered dose inhaler)	2.16	2.16	1.6
59	Start an intravenous line (IV)	2.18	2.29	1.89
105	Provide support/respect for client's cultural practices/beliefs	2.20	2.21	2.14
73	Provide intraoperative care (positioning, maintain sterile field, operative assessment, etc.)	2.21	2.32	1.98
44	Obtain specimens by drawing blood peripherally or through central line	2.22	2.21	2.31
135	Serve as a resource person to other staff	2.22	2.36	1.99
96	Identify barriers to learning	2.25	2.38	2.01
67	Provide therapies for comfort and treatment of, inflammation, swelling (apply heat and cold treatments, elevate limb, etc.)	2.28	2.25	1.95

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#	Activ	TD(c)Tj1	Tr0	Tr0.2736	0	TD(i)Tj1	TrT*(0	TD(g)Tj1	se418.p	0	Tf0	TfeeA)Tj1	TrT*(e)Tj1	G8.p	0	Tf0	Tf-1	TrT*(e)17(e)Tj1	58.p	0	Tf0
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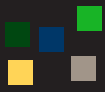
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2002 RN PRACTICE
ANALYSIS UPDATE

#	Activity	Overall Average Frequency 0-5	2002 ADN Average Frequency	2002 BSN Average Frequency
28	Administer medication by intravenous route (i.e., IVP, IVPB, PCA pump, continuous infusion – fluids, parenteral nutrition)	4.13	4.27	4.21
20	Check/verify accuracy of order	4.18	4.24	4.15
18	Evaluate client's response to medications	4.42	4.43	4.44
6	Assess client's vital signs (i.e., temperature, pulse, respiratory rate, and blood pressure)	4.45	4.49	4.43
42	Document medication administration and client response	4.46	4.5	4.43
75	Document procedures and treatments performed and response to treatment	4.53	4.59	4.56
126	Maintain client confidentiality/privacy	4.55	4.58	4.56
109	Apply principles of infection control (e.g., handwashing, appropriate room assignment, isolation, aseptic/sterile technique, universal/standard precautions)	4.65	4.91	4.89
26	Implement the five rights of medication administration	4.67	4.65	4.68



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