

2010 Role Delineation Study: Cardiac Vascular Nurse

National Survey Results



December 2010

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About this Report

This report pertaining to the practice of cardiac vascular nurses was based on the results of American Nurses Credentialing Center's 2010 Role Delineation Study of Five Nursing Specialties: Cardiac Vascular, Gerontological, Medical-Surgical, Pediatric, and Psychiatric and Mental Health.

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Background

The American Nurses Credentialing Center (ANCC), which was incorporated in 1991 as a subsidiary of the American Nurses Association, is the largest nursing credentialing organization in the United States. Its vision is to be a galvanizing force for quality healthcare through credentialing excellence. Currently, ANCC offers 25 examinations at various levels including diploma and associate degree, baccalaureate, and advanced practice for nurses, clinical nurse specialists, and other disciplines. Approximately 10,000 – 12,000 candidates take an ANCC certification examination each year. 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 has a current goal of conducting a role delineation study of nurses approximately every three years in order to capture changes in work activities (referred to as “tasks” in this report) and the knowledge and skill areas required to perform those tasks. The findings are used to update the content of its respective certification examinations. This 2010 role delineation study (performed concurrently for five nursing specialties—cardiac vascular, gerontological, medical-surgical, pediatric, and psychiatric and mental health) involved two sets of processes or activities that ran more or less concurrently: a national Web-based survey and a linking activity. The national survey was designed to collect information on the tasks that nurses working in these specialties actually perform in practice, while the linking activity identifies the major knowledge and skill areas required to perform the tasks listed in the survey. The results of both of these processes were used in the updating of the test content outlines for each examination contained within the study.

Updated Test Content Outlines

The results of this role delineation study were used to update the test content outlines for each of the five specialty examinations contained within the study. Examination forms based on this updated test content outline for cardiac vascular nursing are scheduled to go into effect May 6, 2012. A copy of the test content outline is available on the American Nurses Credentialing Center website.

Role of the Content Expert Panels

For this study, ANCC invited content experts to develop a list of tasks and demographic items for the survey, link knowledge and skill areas to the tasks list, and finalize the test content outlines for the respective certification examinations. All of the content experts serving on the panels were certified by ANCC in the nursing specialty they represented and were invited to serve on the panels based upon expertise in their specialties.

Survey Methodology

The purpose of the development and administration of the national survey was to collect information on the tasks nurses actually perform in practice. Since the survey instrument used in this study was designed to be used across five nursing specialties, representatives from each of these five nursing specialties were asked to serve as members of a 10-member initial study workgroup (i.e., *joint role delineation panel*) that acted as a sort of steering committee for the specialty-specific role delineation panels. The members of the joint panel met for three days (February 10-12, 2010) to construct a comprehensive list of tasks to be included in the survey. The list of tasks were organized and grouped into domains. Furthermore, the joint panel also constructed a generic map of knowledge and skill areas relevant to the tasks included in the survey.

Survey Chronology

The survey development and administration timeline was as follows:

February - May 2010

- The joint role delineation panel along with staff from ANCC and Castle drafted the survey, including demographic questions and the list of tasks to be rated.
- The survey was pilot tested.

June - August 2010

- The survey was revised based on pilot study results and feedback from a few selected specialty organizations.
- The final survey was approved and administered to the national sample on the Web.

September - November 2010

- The survey task results were analyzed, and task weights were determined.
- Each specialty-specific panel met to review the survey results and task weights.

Sample Selection

In January 2010, there were a total of 1,465 active ANCC-certified cardiac vascular nurses who had received their certification as a cardiac vascular nurse within the previous 10 years. A random sample of 1,300 cardiac vascular nurses was selected from the ANCC certification database, with the constraint that the participants were to have received their ANCC certification within the previous 10 years.

Survey Development and Measures

On February 10-12, 2010, the joint role delineation panel, along with members of ANCC and Castle, met in Silver Spring, Maryland, to construct the list of tasks to be included in the 2010 Role Delineation Study of five nursing specialties—cardiac vascular, gerontological, medical-surgical, pediatric, and psychiatric and mental health nursing. The panel members first reviewed and updated the target population statements for each of the five nursing specialty areas. They used the scope and standards of practice for each of these specialties, which the panelists reviewed and discussed during the meeting. From the scope and standards, the panelists identified the performance domains and tasks potentially performed by nurses working within these specialties. The goal of this process was to create a comprehensive list of relevant tasks that were potentially performed by nurses in any one of the specialty areas, regardless of whether it was performed in the others.

As a result of this meeting, the panel reached consensus on a list of 51 tasks to be used in the 2010 survey. These tasks were divided into seven domains: (1) Assessment and Diagnosis, (2) Planning and Outcomes Identification, (3) Implementation, (4) Evaluation, (5) Nurse-Patient Relationship, (6) Patient, Family, Significant Other, and Caregiver Education, and (7) Management and Leadership. The complete text of the task list is presented in **Appendix A**, including two tasks that were added to that list at a later date. The joint panel also initially identified a set of 19 demographic items for inclusion in the

survey; one was later removed based on a review of the pilot survey results. (See **Appendix B** for the final set of demographic items).

During the same meeting in February, the joint panel reviewed and approved three scales that respondents would use to rate the tasks listed in the survey — frequency (the frequency with which a task is performed), performance expectation (how soon on the job the performance of a task is expected), and consequence (the consequence of performing a task incorrectly). These three scales and their corresponding rating descriptions are illustrated in Table 1.

Table 1. Rating Scales for Rating Task Statements

<p><i>Frequency:</i> Frequency refers to how often the <specialty> nurse performs the task, considering a one-year period. The following scale was used to record frequency:</p> <ul style="list-style-type: none">0 = Never1 = Rarely2 = Sometimes3 = Often4 = Repeatedly <p><i>Performance Expectation:</i> Performance expectation refers to the point in the <specialty> nurse’s career at which he or she is expected to perform the task. The following scale was used to record performance expectation:</p> <ul style="list-style-type: none">0 = Not at all1 = Within the first six months (including exactly 6 months) of working as a <Specialty> nurse2 = After the first six months (excluding exactly 6 months) of working as a <Specialty> nurse <p><i>Consequence:</i> Consequence refers to the degree to which the inability of the <specialty> nurse to perform the task would be seen as causing harm to stakeholders. (Harm may be seen as physical, psychological, emotional, legal, financial, etc.) The following scale was used to record consequence:</p> <ul style="list-style-type: none">0 = No harm1 = Minimal harm2 = Moderate harm3 = Substantial harm4 = Extreme harm
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Members from ANCC and Castle discussed the methodology that would be used to rank the overall importance of the tasks listed in the survey. A series of analyses was used to determine the relative importance of the task statements. A more detailed description of these analyses is provided below (see the Data Analysis section), but the primary purpose was to use the consequence and frequency ratings to compute the relative importance of each task. Tasks with large relative importance scores can be interpreted as activities that are performed frequently or in which failure to perform them can result in serious harm, or both. These tasks were viewed as more critical to the certification process and were therefore weighted more heavily during the development of the updated test content outline.

In addition to computing the relative importance values for the task statements, the cardiac vascular role delineation panel (see page 4) reviewed the performance expectation ratings and identified tasks that were either not expected of a cardiac vascular nurse (i.e., rating of “0”) or that were expected to be performed, but not within the first six months (i.e., rating of “2”) of working in the specialty. The panel discussed each identified task to determine whether it should be removed from testing consideration and not included in the development of the updated test content outline. Final determinations for excluding a task were made based on panel consensus consistent with supporting survey data.

Data Collection

Pilot Testing. Using the same procedures for administering the national data collection, the survey was piloted in May 2010. Fifty (50) ANCC certified nurses from each specialty who had received their certification within the previous 10 years were randomly selected to take the pilot survey (250 invitations total). Overall, 84 (34 percent) of the nurses invited to take the pilot survey responded, and 23 (46 percent) of the 50 cardiac vascular nurses responded. Also during this time, a few selected specialty organizations were asked to review the list of tasks.

Survey Revision. Two small revisions were made to the survey before it was finalized and administered to the national sample. First, after reviewing the results from the pilot survey, members from the joint panel agreed to remove one demographic question due to inconsistency of response data and low applicability to the overall purpose of the study. Second, based on feedback from the specialty organizations' reviews of the survey, two task statements were added to the survey (in Domain 1: Assessment and Diagnosis):

- Obtain a home medication list
- Perform a medication reconciliation

National Survey. On July 12, 2010, the 1,300 cardiac vascular nurses selected to take the national Web-based survey were sent an alert letter via the United States Postal Service. On July 13, 2010, each nurse was also sent an e-mail containing the same information. The alert letter and e-mail explained the purpose and importance of the study, the eligibility criteria of the study, and stated how to access the survey via the Internet. Both indicated that the participant's responses would be kept confidential and also notified that respondents completing the survey would receive a five-hour reduction of their continuing education requirement for their recertification.

A follow-up postcard and two follow-up e-mails were sent out in the ensuing weeks. The follow-up correspondence thanked recipients if they had already submitted their completed survey and encouraged them to do so if they had not already. The follow-up postcard and first follow-up e-mails were sent to all selected nurses, and the final follow-up e-mail was sent out only to those who had not yet responded to the survey. The survey was closed on August 5, 2010.

Data Analysis

The analysis of survey data consisted of two separate processes that were performed more or less concurrently. The first process consisted of the cardiac vascular role delineation panel's review of the performance expectation ratings and the identification of tasks that are either not expected of a cardiac vascular nurse (i.e., rating of "0") or that are expected to be performed, but not within the first six months (i.e., rating of "2"). Discussions ensued regarding the tasks with the goal of removing those that were not seen as being expected of a cardiac vascular nurse. Tasks designated for removal were not included in the development of the test content outline.

The second process—the analysis of the consequence and frequency ratings—was used to determine the relative importance of each of the tasks. The details of those analyses are summarized below.

Factor analysis. First, a factor analysis was performed on the consequence and frequency ratings to ensure that the data were sufficiently unidimensional for conducting an Item Response Theory (IRT) analysis. The factor analysis revealed that over 37 percent of the total variance was explained by the first unrotated factor, easily surpassing Reckase's (1979) recommendation that the first unrotated principal factor of the item responses should account for over 20% of the total variance if the items are to be rescaled using the one-parameter logistic IRT model.

Reliability analysis. The rating scales were also highly reliable. Cronbach's coefficient alpha estimates for the performance expectation, consequence, and frequency scales when applied to all the

data were 0.872, 0.983, and 0.942, respectively. Cronbach's coefficient alpha, a measure of internal stability, ranges in value between 0 and 1.

IRT analysis. The factor analysis showed the survey data to be sufficiently unidimensional, which led to the subsequent IRT analysis. To put the measures of consequence and frequency on the same interval scale, the consequence and frequency ratings were rescaled using Andrich's Rating Scale model (Andrich, 1978). The Rating Scale model belongs to a family of mathematical models known collectively as Item Response Theory (IRT). The IRT analysis was implemented using *Winsteps 3.70.0.5* (Linacre, 2010). These rescaled values are referred to as *item endorsements*.

Computation of Relative Importance. The consequence and frequency item endorsements that resulted from the IRT analysis were then used to determine the relative importance of each task. The consequence and frequency item endorsements were first transformed to the $N(5,1)$ scale to eliminate negative values. Subsequently, the transformed consequence and frequency item endorsements were multiplied together, and the magnitude of those values were treated as indicators of the relative importance of each task. The relative importance of the tasks, including tasks that were eventually removed from testing consideration, is reported in **Appendix D**.

Survey Results

The total sample size of the national survey included 1,300 ANCC certified cardiac vascular nurses who had received their certification within the previous 10 years. A total of 637 valid cardiac vascular nurse surveys were returned for an overall response rate of 49 percent.

Demographic Information

Appendix B details the cardiac vascular nurses' responses to the final survey's 18 demographic questions that included inquiry on the nurses' backgrounds and practice settings.

Demographic Background

Approximately 95 percent of the respondents were female and 89 percent reported to be white. Approximately 68 percent of the sample fell into the age group of 40-59 years of age.

Approximately 49 percent of the cardiac vascular respondents indicated that a Bachelor's in Nursing was their highest degree in nursing, with another 22 and 16 percent indicating Associate in Nursing and Master's in Nursing as their highest degree, respectively. Less than one percent indicated they held a Doctorate in Nursing (Practice or Research).

The average number of years of experience the cardiac vascular nurse respondents had as an RN was nearly 21 years. The respondents also reported on average 14 years of experience working as a cardiac vascular nurse.

Practice Settings

Approximately 43 percent of the cardiac vascular nurse respondents indicated that they practiced in cities with populations between 50,000 and 249,999. Metropolitan areas with a population between 250,000 – 999,999 had the second highest percent of respondents (22 percent). Only 1.4 percent of the respondents indicated working in a rural (population less than 2,500) practice location.

In terms of practice setting, the highest percentage of cardiac vascular nurse respondents indicating they practice in an outpatient clinic (10 percent), although 52 percent did report practicing in a setting not listed in demographic question 15. Of those who chose "other," the largest proportion of respondents listed some type of telemetry setting in their response.

Approximately 51 percent of cardiac vascular nurses reported that "staff nurse" best described their work. Another 12.3 percent listed "charge nurse" as best describing their work. Seventy-three (73) and 78 percent of respondents described their patients as dealing with acute and chronic illnesses, respectively. The cardiac vascular nurses also indicated that almost 99 percent of their time was spent in caring for adults (18 to 65 years—45.5%) or aging adults (ages over 65 years—53.3%). When asked how many hours per week on average they spent working as a cardiac vascular nurse, the average response was 34.9 hours with a standard deviation of 10.1 hours.

Task Descriptions

Task Summary Statistics. Descriptive statistics (means, standard deviations, and medians) for the consequence and frequency ratings and frequency statistics for the performance expectation ratings are reported in **Appendix C** for all 53 tasks.

The mode of the performance expectation ratings, the mean for the frequency and consequence ratings, and relative importance (based on the multiplied item endorsements from the IRT analysis) is reported for all 53 tasks in **Appendix D**, presented in rank order or relative importance. It should be noted that **Appendices C** and **D** contain statistics for the entire set of tasks before the cardiac vascular panel reached a decision to remove a few of the tasks from consideration due to a variety of reasons (e.g., performance expectation ratings that were either too high or too low).

Performance Expectation. Only one task—1.12: Identify nursing diagnoses using a different system—had a performance expectation rating mode of zero (i.e., not at all). Four tasks had a rating mode of 2 (i.e., performed after 6 months of working as a cardiac vascular nurse)—7.3: Improve quality of nursing care delivery, 7.1: Serve as a preceptor, 7.4: Serve as a clinical content expert for the design and enhancement of policies, procedures, processes, and systems that affect nursing care, and 6.4: Develop educational programs for groups.

Consequence. The highest rated task with respect to consequence was 3.5: Administer medications as prescribed using evidence-based, developmentally appropriate, age-appropriate techniques. Three of the top five rated tasks were from the Management and Leadership domain (domain 7) and included 7.7: Follow legal and regulatory requirements in nursing care delivery and management, 7.6: Follow ethical standards in nursing care delivery and management, and 7.2: Coordinate patient safety measures. The lowest rated task was again 1.12: Identify nursing diagnoses using a different system.

Frequency. The top three rated tasks with respect to frequency all came from the Nurse-Patient Relationship domain (domain 5), and included 5.4: Maintain a developmentally appropriate therapeutic relationship, 5.2: Establish trust, and 5.3: Develop rapport. The lowest rated task was again found to be task 1.12.

Task Relative Importance. The task with the highest relative importance value was 3.5: Administer medications as prescribed using evidence-based, developmentally-appropriate, age-appropriate techniques. Task 7.7: Follow legal and regulatory requirements in nursing care delivery and management was the second highest rated task. Not surprisingly, task 1.12: Identify nursing diagnoses using a different system was the lowest rated task with respect to relative importance.

Appendix A

Task Statements

Domain 1: Assessment and Diagnosis

Tasks:

- 1.1 Obtain patient history using age-appropriate, system-specific, evidence-based tools.
- 1.2 Obtain a home medication list.
- 1.3 Perform a medication reconciliation
- 1.4 Perform physical examination using age-appropriate, system-specific, evidence-based assessment techniques.
- 1.5 Complete psychosocial assessment using age-appropriate, system-specific, evidence-based tools and assessment techniques.
- 1.6 Collect data on psychoses.
- 1.7 Obtain diagnostic test results.
- 1.8 Review findings provided by others.
- 1.9 Synthesize available data and knowledge to identify patterns and variances.
- 1.10 Identify nursing diagnoses using the North American Nursing Diagnosis Association-International (NANDA-I) taxonomy.
- 1.11 Identify nursing diagnoses using clinical pathways.
- 1.12 Identify nursing diagnoses using a different system. [Specify the system]
- 1.13 Create a problem list based on assessment data.
- 1.14 Document assessment findings in patient records.

Domain 2: Planning and Outcomes Identification

Tasks:

- 2.1 Prioritize nursing diagnoses and/or problems.
- 2.2 Formulate expected outcomes with patient, family, significant other, and interdisciplinary team involvement using Nursing Outcomes Classification (NOC).
- 2.3 Formulate expected outcomes with patient, family, significant other, and interdisciplinary team involvement using clinical pathways or a different system. [Specify other]
- 2.4 Develop an individualized, developmentally appropriate plan of care.
- 2.5 Document plan of care and expected outcomes in patient records.

Domain 3: Implementation

Tasks:

- 3.1 Use Nursing Interventions Classification (NIC) as the basis for interventions specific to the plan of care.
- 3.2 Use other evidence-based practice guidelines as the basis for interventions specific to the plan of care.
- 3.3 Create a safe, developmentally appropriate, therapeutic environment conducive to care.
- 3.4 Coordinate patient care.
- 3.5 Administer medications as prescribed using evidence-based, developmentally appropriate, age-appropriate techniques.
- 3.6 Document nursing interventions in patient records.

Domain 4: Evaluation

Tasks:

- 4.1 Collect data related to the patient's response to interventions.
- 4.2 Collect data on factors that impact the patient's care.
- 4.3 Evaluate the patient's response to interventions and the effectiveness of the plan of care.
- 4.4 Update the plan of care.
- 4.5 Communicate changes to the patient, family, significant other, and interdisciplinary team.
- 4.6 Document the patient's response to interventions and changes to the plan of care in patient records.

Appendix A – Task Statements

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Domain 5: Nurse-Patient Relationship

Tasks:

- 5.1 Approach the patient in a developmentally appropriate manner.
- 5.2 Establish trust.
- 5.3 Develop rapport.
- 5.4 Maintain a developmentally appropriate therapeutic relationship.
- 5.5 Support the patient's parents, family, significant others, and caregivers.
- 5.6 Maintain appropriate physical and emotional boundaries.
- 5.7 Serve as patient advocate.
- 5.8 Document pertinent aspects of the nurse-patient relationship in patient records.

Domain 6: Patient, Family, Significant Other, and Caregiver Education

Tasks:

- 6.1 Identify learning needs.
- 6.2 Identify barriers to learning.
- 6.3 Develop an individualized education plan with the involvement of the patient, family, significant other, and caregiver.
- 6.4 Develop educational programs for groups.
- 6.5 Implement the education plan.
- 6.6 Evaluate the education plan's effectiveness.
- 6.7 Document the education provided and its effectiveness in patient records.

Domain 7: Management and Leadership

Tasks:

- 7.1 Serve as a preceptor.
- 7.2 Coordinate patient safety measures.
- 7.3 Improve quality of nursing care delivery.
- 7.4 Serve as a clinical content expert for the design and enhancement of policies, procedures, processes, and systems that affect nursing care.
- 7.5 Use electronic information systems in nursing care delivery.
- 7.6 Follow ethical standards in nursing care delivery and management.
- 7.7 Follow legal and regulatory requirements in nursing care delivery and management.

Appendix B

Demographic Data Summary

1: What is your gender?

	Count	Percent
Female	603	95.0
Male	32	5.0
Total	635	100.0

2: What is your age?

	Count	Percent
Under 20 years old	0	0.0
20 to 29 years old	30	4.7
30 to 39 years old	123	19.3
40 to 49 years old	188	29.5
50 to 59 years old	248	38.9
60 years old and over	48	7.5
Total	637	100.0

3: What is your ethnicity?

	Count	Percent
African-American	23	3.6
White, non-Hispanic	568	89.4
Asian/Pacific Islander	27	4.3
American Indian/ Alaskan Native	1	0.2
Hispanic/Latino	9	1.4
Other	7	1.1
Total	635	100.0

4: Which of the following describes your entry-level (basic) education in nursing?

	Count	Percent
Diploma in Nursing	127	20.1
Associate Degree in Nursing	214	33.8
Bachelor's in Nursing	280	44.2
Other	12	1.9
Total	633	100.0

5: What is the highest degree you have earned in nursing?

	Count	Percent
Diploma in Nursing	68	10.7
Associate Degree in Nursing	136	21.5
Bachelor's in Nursing	313	49.4
Master's in Nursing	104	16.4
Doctorate in Nursing Practice (DNP)	2	0.3
Doctorate in Nursing Research (e.g., Ph.D., DNS, DSN)	1	0.2
Other	10	1.6
Total	634	100.0

6: Do you hold any degrees outside of nursing?

	Count	Percent
Yes	135	21.3
No	499	78.7
Total	634	100.0

7: Are you certified as a cardiac vascular nurse?

	Count	Percent
Yes	627	99.8
No	1	0.2
Total	628	100.0

8a: How many years have you been certified as a cardiac vascular nurse?

Years	Count	Percent
0-5	546	87.0
6-10	76	12.1
11-15	5	0.8
Over 15	1	0.2
Total	628	100.0

Note: The survey respondents were restricted to ANCC-certified cardiac vascular nurses who received their certification within the previous 10 years.

8b: How many years have you been certified as a cardiac vascular nurse?

N	628
Min	0
Max	25
Mean	3.14
SD	2.42

9a: Do you hold other nursing certifications?

	Count	Percent
Yes	147	23.2
No	487	76.8
Total	634	100.0

10a: How many years have you been in practice as an RN?

Years	Count	Percent
0-5	47	7.6
6-10	83	13.4
11-15	92	14.9
16-20	87	14
21-25	81	13.1
26-30	106	17.2
31-35	66	10.6
36-40	41	6.6
Over 40	15	2.4
Total	618	100

10b: How many years have you been in practice as an RN?

N	618
Min	3
Max	49
Mean	20.89
SD	10.58

11a: How many years have you worked as a cardiac vascular nurse?

Years	Count	Percent
0-5	137	21.8
6-10	158	25.2
11-15	95	15.1
16-20	91	14.6
21-25	73	11.6
26-30	33	5.3
31-35	29	4.7
36-40	10	1.6
Over 40	1	0.2
Total	627	100

11b: How many years have you worked as a cardiac vascular nurse?

N	627
Min	0
Max	42
Mean	13.93
SD	9.40

12: How many hours per week do you work as a cardiac vascular nurse?

Hours	Count	Percent
0-20	37	5.9
21-35	165	26.4
36-40	376	59.9
Over 40	50	8.2
Total	628	100

13: What percent of time do you spend with each type of patient?

	Infant (pre-birth to 2 yrs)		Child (ages 3 to 12)		Adolescents (ages 13 to 17)		Adults (ages 18 to 65)		Aging Adult (over 65 yrs)	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
0 - 20%	635	99.69	636	99.84	637	100.00	52	8.16	50	7.85
21 - 40%	1	0.16	0	0.00	0	0.00	238	37.36	72	11.30
41 - 60%	1	0.16	1	0.16	0	0.00	275	43.17	351	55.10
61 - 80%	0	0.00	0	0.00	0	0.00	43	6.75	148	23.23
81 - 100%	0	0.00	0	0.00	0	0.00	29	4.55	16	2.51
Total	637	100.00	637	100.00	637	100.00	637	100.00	637	100.00
Average		0.3%		0.3%		0.6%		45.5%		53.3%

14: Which of the following best describes your work?

	Count	Percent
Staff Nurse (including community, clinic, in-patient/client, or other setting)	315	50.8
Clinical Nurse Specialist	30	4.8
Nurse Practitioner	31	5.0
Case Manager	17	2.7
Education	34	5.5
Management	49	7.9
Research	3	0.5
Charge Nurse	76	12.3
Clinical Nurse	5	0.8
Other	60	9.7
Total	620	100.0

15: Which of the following best describes your primary practice setting?

	Count	Percent
Medical Unit	30	4.8
Surgical Unit	13	2.1
Medical/Surgical	56	9.0
Intensive Care Unit	30	4.8
Cardiac Surgery Intensive Care Unit	24	3.9
Correctional care Unit	1	0.2
Same Day Surgery	6	1.0
Same Day Medical	2	0.3
Recovery Room	5	0.8
Labor and Delivery/Post Partum	1	0.2
Emergency Department	6	1.0
Outpatient Clinic	62	10.0
Home care or Home Health	3	0.5
Hospice	1	0.2
Long Term Care	1	0.2
Psychiatric/Mental Health Facility	0	0.0
Pediatrics	0	0.0
Rehabilitation	55	8.9
School (Elementary, Middle, or High)	0	0.0
College or Post-Secondary Education Facility	2	0.3
Pediatric Intensive Care Unit	0	0.0
Neonatal Intensive Care Unit	0	0.0
Other	322	51.9
Total	620	100.0

16: Which of the following describes your patients (more than one could be selected)?

	n	<i>number selecting</i>	<i>percent</i>
Well (minor illness)	637	104	16.3
Maternity	637	10	1.6
Acute	637	462	72.5
Chronic	637	499	78.3
Terminally Ill	637	125	19.6
Psychiatric	637	80	12.6
Other	637	43	6.8

17. In which state is your primary practice setting located?

	Count	Percent
Alabama (AL)	4	0.6
Alaska (AK)	4	0.6
Arizona (AZ)	15	2.4
Arkansas (AR)	1	0.2
California (CA)	15	2.4
Colorado (CO)	4	0.6
Connecticut (CT)	7	1.1
Delaware	0	0.0
District of Columbia (DC)	1	0.2
Florida (FL)	40	6.3
Georgia (GA)	7	1.1
Guam (GU)	1	0.2
Hawaii	0	0.0
Idaho	0	0.0
Illinois (IL)	56	8.8
Indiana (IN)	10	1.6
Iowa (IA)	16	2.5
Kansas (KS)	3	0.5
Kentucky (KY)	9	1.4
Louisiana (LA)	13	2.0
Maine (ME)	5	0.8
Maryland (MD)	5	0.8
Massachusetts (MA)	14	2.2
Michigan (MI)	20	3.1
Minnesota (MN)	24	3.8
Mississippi (MS)	3	0.5
Missouri (MO)	13	2.0
Montana (MT)	8	1.3
Nebraska (NE)	22	3.5
Nevada (NV)	0	0.0
New Hampshire (NH)	5	0.8
New Jersey (NJ)	37	5.8
New Mexico (NM)	1	0.2
New York (NY)	43	6.8
North Carolina (NC)	14	2.2
North Dakota (ND)	1	0.2
Ohio (OH)	27	4.2
Oklahoma (OK)	1	0.2
Oregon (OR)	1	0.2
Pennsylvania (PA)	48	7.5
Rhode Island (RI)	3	0.5
South Carolina (SC)	2	0.3
South Dakota (SD)	1	0.2
Tennessee (TN)	14	2.2
Texas (TX)	25	3.9
Utah (UT)	0	0.0
Vermont (VT)	1	0.2
Virginia (VA)	18	2.8

	Count	Percent
Washington (WA)	4	0.6
West Virginia (WV)	2	0.3
Wisconsin (WI)	20	3.1
Wyoming (WY)	3	0.5
Missing	46	7.2
Total	637	100.0

18: What is the geographical location of your practice setting?

	Count	Percent
Rural (population less than 2,500)	9	1.4
Town (population 2,500 to 49,999)	111	17.8
City (population 50,000 to 249,999)	268	43.0
Metropolitan (population 25,000 to 999,999)	135	21.7
Greater Metropolitan (population greater than 999,999)	84	13.5
Regionally (population across a designated area such as several states)	12	1.9
Nationally (population across the United States)	2	0.3
Internationally (population across multiple nations)	2	0.3
Total	623	100.0

Appendix C

Summary Statistics: Consequence, Frequency, and Performance Expectation Ratings

Note: For each of the tables in Appendix C, recall the following descriptions for each of the three rating scales:

Consequence: Consequence refers to the degree to which the inability of the <specialty> nurse to perform duties in each performance domain or task would be seen as causing harm to stakeholders. (Harm may be seen as physical, psychological, emotional, legal, financial, etc.) The following scale was used to record consequence:

- 0 = No harm
- 1 = Minimal harm
- 2 = Moderate harm
- 3 = Substantial harm
- 4 = Extreme harm

Frequency: Frequency refers to how often the <specialty> nurse performs duties in each of the performance domains or tasks considering a one-year period. The following scale was used to record frequency:

- 0 = Never
- 1 = Rarely
- 2 = Sometimes
- 3 = Often
- 4 = Repeatedly

Performance Expectation: Performance expectation refers to the point in the certified nurse's career at which he or she is expected to perform the work activity. The following scale was used to record performance expectation:

- 0 = Not at all
- 1 = Within the first six months (including exactly 6 months) of working as a <Specialty> nurse
- 2 = After the first six months (excluding exactly 6 months) of working as a <Specialty> nurse

Domain 1 Ratings: Assessment and Diagnosis

	Cons n	Cons Med	Cons Mean	Cons SD	Freq n	Freq Med	Freq Mean	Freq SD	PE Rating	PE Freq	PE Perc
1.1: Obtain patient history using age-appropriate, system-specific, evidence-based tools.	636	2.0	1.8	1.1	637	4.0	3.7	0.7	0	8	1.3
									1	625	98.1
									2	4	0.6
1.2: Obtain a home medication list.	635	2.0	2.3	1.2	635	4.0	3.8	0.6	0	4	0.6
									1	631	99.1
									2	2	0.3
1.3: Perform a medication reconciliation	635	2.0	2.3	1.2	636	4.0	3.7	0.8	0	13	2.0
									1	618	97.0
									2	6	0.9
1.4: Perform physical examination using age-appropriate, system-specific, evidence-based assessment techniques.	636	2.0	2.1	1.1	637	4.0	3.7	0.7	0	10	1.6
									1	599	94.0
									2	28	4.4
1.5: Complete psychosocial assessment using age-appropriate, system-specific, evidence-based tools and assessment techniques.	636	2.0	1.6	1.0	637	4.0	3.4	0.9	0	12	1.9
									1	576	90.4
									2	49	7.7
1.6: Collect data on psychoses.	634	1.0	1.3	1.1	636	2.0	1.8	1.3	0	185	29.0
									1	331	52.0
									2	121	19.0
1.7: Obtain diagnostic test results.	635	2.0	2.3	1.3	637	4.0	3.6	0.7	0	8	1.3
									1	617	96.9
									2	12	1.9
1.8: Review findings provided by others.	636	2.0	1.8	1.2	636	4.0	3.5	0.7	0	5	0.8
									1	583	91.5
									2	49	7.7
1.9: Synthesize available data and knowledge to identify patterns and variances.	636	2.0	1.7	1.1	637	3.0	2.9	1.1	0	37	5.8
									1	347	54.5
									2	253	39.7
1.10: Identify nursing diagnoses using the North American Nursing Diagnosis Association-International (NANDA-I) taxonomy.	635	1.0	1.0	0.9	636	3.0	2.5	1.5	0	125	19.6
									1	450	70.6
									2	62	9.7

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	Cons n	Cons Med	Cons Mean	Cons SD	Freq n	Freq Med	Freq Mean	Freq SD	PE Rating	PE Freq	PE Perc
1.11: Identify nursing diagnoses using clinical pathways.	636	1.0	1.2	1.0	637	3.0	2.9	1.3	0	56	8.8
									1	516	81.0
									2	65	10.2
1.12: Identify nursing diagnoses using a different system. [Specify the system]	632	0.0	0.6	0.9	633	0.0	1.2	1.6	0	363	57.3
									1	226	35.6
									2	45	7.1
1.13: Create a problem list based on assessment data.	633	2.0	1.5	1.0	636	3.0	3.1	1.2	0	54	8.5
									1	542	85.1
									2	41	6.4
1.14: Document assessment findings in patient records.	636	2.0	2.1	1.2	637	4.0	3.8	0.6	0	5	0.8
									1	625	98.1
									2	7	1.1

Domain 2 Ratings: Planning and Outcomes Identification

	Cons n	Cons Med	Cons Mean	Cons SD	Freq n	Freq Med	Freq Mean	Freq SD	PE Rating	PE Freq	PE Perc
2.1: Prioritize nursing diagnoses and/or problems.	634	2.0	1.7	1.1	635	4.0	3.4	1.0	0	21	3.3
									1	557	87.7
									2	57	9.0
2.2: Formulate expected outcomes with patient, family, significant other, and interdisciplinary team involvement using Nursing Outcomes Classification (NOC).	632	1.0	1.2	1.0	633	3.0	2.7	1.4	0	96	15.1
									1	420	66.1
									2	119	18.7
2.3: Formulate expected outcomes with patient, family, significant other, and interdisciplinary team involvement using clinical pathways or a different system.	632	1.0	1.3	1.0	632	3.0	2.7	1.4	0	100	15.8
									1	431	68.0
									2	103	16.2
2.4: Develop an individualized, developmentally appropriate plan of care.	634	2.0	1.5	1.0	633	4.0	3.3	1.0	0	19	3.0
									1	553	87.1
									2	63	9.9
2.5: Document plan of care and expected	633	1.0	1.5	1.1	634	4.0	3.5	0.9	0	20	3.2

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outcomes in patient records.

Cons n	Cons Med	Cons Mean	Cons SD	Freq n	Freq Med	Freq Mean	Freq SD	PE Rating	PE Freq	PE Perc
								1	583	92.0
								2	31	4.9

Domain 3 Ratings: Implementation

	Cons n	Cons Med	Cons Mean	Cons SD	Freq n	Freq Med	Freq Mean	Freq SD	PE Rating	PE Freq	PE Perc
3.1: Use Nursing Interventions Classification (NIC) as the basis for interventions specific to the plan of care.	631	1.0	1.1	1.1	633	3.0	2.2	1.7	0	180	28.3
									1	385	60.6
									2	70	11.0
3.2: Use other evidence-based practice guidelines as the basis for interventions specific to the plan of care.	634	2.0	1.6	1.1	636	4.0	3.2	1.0	0	36	5.7
									1	492	77.4
									2	108	17.0
3.3: Create a safe, developmentally appropriate, therapeutic environment conducive to care.	635	2.0	2.1	1.2	636	4.0	3.7	0.7	0	8	1.3
									1	605	95.1
									2	23	3.6
3.4: Coordinate patient care.	634	2.0	2.0	1.1	635	4.0	3.7	0.6	0	5	0.8
									1	546	85.8
									2	85	13.4
3.5: Administer medications as prescribed using evidence-based, developmentally appropriate, age-appropriate techniques.	634	3.0	3.0	1.2	635	4.0	3.6	1.0	0	21	3.3
									1	602	94.8
									2	12	1.9
3.6: Document nursing interventions in patient records.	633	2.0	1.9	1.2	634	4.0	3.8	0.6	0	10	1.6
									1	620	97.8
									2	4	0.6

Domain 4 Ratings: Evaluation

	Cons n	Cons Med	Cons Mean	Cons SD	Freq n	Freq Med	Freq Mean	Freq SD	PE Rating	PE Freq	PE Perc
4.1: Collect data related to the patient's response	633	2.0	1.9	1.2	635	4.0	3.5	0.9	0	13	2.0

* Consequence Ratings: 0 = No Harm, 1 = Minimal Harm, 2 = Moderate Harm, 3 = Substantial Harm, 4 = Extreme Harm. Frequency Ratings: 0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Often, 4 = Repeatedly. Performance Expectation Ratings: 0 = Not at all; 1 = Within the first 6 months of working as a <specialty> nurse; 2 = After the first 6 months of working as a <specialty> nurse.

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	Cons n	Cons Med	Cons Mean	Cons SD	Freq n	Freq Med	Freq Mean	Freq SD	PE Rating	PE Freq	PE Perc
to interventions.									1	578	91.0
									2	44	6.9
4.2: Collect data on factors that impact the patient's care.	632	2.0	1.7	1.1	634	4.0	3.2	1.1	0	22	3.5
									1	525	82.7
									2	88	13.9
4.3: Evaluate the patient's response to interventions and the effectiveness of the plan of care.	633	2.0	2.0	1.1	635	4.0	3.6	0.7	0	2	0.3
									1	598	94.2
									2	35	5.5
4.4: Update the plan of care.	633	1.0	1.5	1.0	634	4.0	3.4	0.9	0	12	1.9
									1	591	93.2
									2	31	4.9
4.5: Communicate changes to the patient, family, significant other, and interdisciplinary team.	634	2.0	2.0	1.2	635	4.0	3.6	0.6	0	3	0.5
									1	611	96.2
									2	21	3.3
4.6: Document the patient's response to interventions and changes to the plan of care in patient records.	633	2.0	1.9	1.2	635	4.0	3.6	0.7	0	6	0.9
									1	616	97.0
									2	13	2.0

Domain 5 Ratings: Nurse-Patient Relationship

	Cons n	Cons Med	Cons Mean	Cons SD	Freq n	Freq Med	Freq Mean	Freq SD	PE Rating	PE Freq	PE Perc
5.1: Approach the patient in a developmentally appropriate manner.	632	1.0	1.5	1.0	634	4.0	3.8	0.6	0	2	0.3
									1	620	97.8
									2	12	1.9
5.2: Establish trust.	632	2.0	1.7	1.1	634	4.0	3.8	0.5	0	1	0.2
									1	616	97.2
									2	17	2.7
5.3: Develop rapport.	631	2.0	1.5	1.1	633	4.0	3.8	0.5	0	5	0.8
									1	614	97.0

* Consequence Ratings: 0 = No Harm, 1 = Minimal Harm, 2 = Moderate Harm, 3 = Substantial Harm, 4 = Extreme Harm. Frequency Ratings: 0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Often, 4 = Repeatedly. Performance Expectation Ratings: 0 = Not at all; 1 = Within the first 6 months of working as a <specialty> nurse; 2 = After the first 6 months of working as a <specialty> nurse.

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	Cons n	Cons Med	Cons Mean	Cons SD	Freq n	Freq Med	Freq Mean	Freq SD	PE Rating	PE Freq	PE Perc
5.4: Maintain a developmentally appropriate therapeutic relationship.	633	2.0	2.0	1.2	634	4.0	3.8	0.5	2	14	2.2
									0	3	0.5
									1	619	97.6
5.5: Support the patient's parents, family, significant others, and caregivers.	632	2.0	1.5	1.0	634	4.0	3.7	0.6	2	12	1.9
									0	1	0.2
									1	594	93.7
5.6: Maintain appropriate physical and emotional boundaries.	632	2.0	1.9	1.2	634	4.0	3.7	0.6	2	39	6.2
									0	1	0.2
									1	596	94.0
5.7: Serve as patient advocate.	633	2.0	2.1	1.2	634	4.0	3.7	0.7	2	37	5.8
									0	6	0.9
									1	560	88.3
5.8: Document pertinent aspects of the nurse-patient relationship in patient records.	631	1.0	1.3	1.0	632	3.0	3.1	1.1	2	68	10.7
									0	32	5.1
									1	564	89.1
									2	37	5.8

Domain 6 Ratings: Nurse-Patient Relationship

	Cons n	Cons Med	Cons Mean	Cons SD	Freq n	Freq Med	Freq Mean	Freq SD	PE Rating	PE Freq	PE Perc
6.1: Identify learning needs.	632	2.0	1.8	1.1	634	4.0	3.6	0.7	0	2	0.3
									1	594	93.7
									2	38	6.0
6.2: Identify barriers to learning.	632	2.0	1.8	1.1	634	4.0	3.6	0.7	0	4	0.6
									1	602	95.0
									2	28	4.4
6.3: Develop an individualized education plan with	631	2.0	1.7	1.0	633	4.0	3.4	0.8	0	9	1.4

* Consequence Ratings: 0 = No Harm, 1 = Minimal Harm, 2 = Moderate Harm, 3 = Substantial Harm, 4 = Extreme Harm. Frequency Ratings: 0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Often, 4 = Repeatedly. Performance Expectation Ratings: 0 = Not at all; 1 = Within the first 6 months of working as a <specialty> nurse; 2 = After the first 6 months of working as a <specialty> nurse.

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	Cons n	Cons Med	Cons Mean	Cons SD	Freq n	Freq Med	Freq Mean	Freq SD	PE Rating	PE Freq	PE Perc
the involvement of the patient, family, significant other, and caregiver.									1	539	85.0
									2	86	13.6
6.4: Develop educational programs for groups.	629	1.0	0.9	0.9	633	2.0	1.8	1.2	0	91	14.4
									1	168	26.5
									2	375	59.1
6.5: Implement the education plan.	632	1.0	1.4	1.0	634	3.0	2.9	1.1	0	14	2.2
									1	473	74.6
									2	147	23.2
6.6: Evaluate the education plan's effectiveness.	632	1.0	1.4	1.0	633	3.0	2.9	1.1	0	22	3.5
									1	439	69.4
									2	172	27.2
6.7: Document the education provided and its effectiveness in patient records.	633	1.0	1.4	1.0	633	4.0	3.2	1.0	0	15	2.4
									1	547	86.3
									2	72	11.4

Domain 7 Ratings: Management and Leadership

	Cons n	Cons Med	Cons Mean	Cons SD	Freq n	Freq Med	Freq Mean	Freq SD	PE Rating	PE Freq	PE Perc
7.1: Serve as a preceptor.	634	1.0	1.4	1.3	635	2.0	2.3	0.9	0	19	3.0
									1	82	12.9
									2	534	84.1
7.2: Coordinate patient safety measures.	632	2.0	2.3	1.3	633	3.0	3.1	1.0	0	8	1.3
									1	422	66.6
									2	204	32.2
7.3: Improve quality of nursing care delivery.	632	2.0	1.7	1.1	634	3.0	2.9	1.0	0	10	1.6
									1	303	47.8
									2	321	50.6
7.4: Serve as a clinical content expert for the design and enhancement of policies, procedures,	631	1.0	1.4	1.2	633	2.0	2.0	1.1	0	49	7.7
									1	76	12.0

* Consequence Ratings: 0 = No Harm, 1 = Minimal Harm, 2 = Moderate Harm, 3 = Substantial Harm, 4 = Extreme Harm. Frequency Ratings: 0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Often, 4 = Repeatedly. Performance Expectation Ratings: 0 = Not at all; 1 = Within the first 6 months of working as a <specialty> nurse; 2 = After the first 6 months of working as a <specialty> nurse.

Appendix C – Summary Statistics: Consequence, Frequency, and Performance Expectation Ratings 2010 Role Delineation Study: Cardiac-Vascular Nurse – National Survey Results

	Cons n	Cons Med	Cons Mean	Cons SD	Freq n	Freq Med	Freq Mean	Freq SD	PE Rating	PE Freq	PE Perc
processes, and systems that affect nursing care.									2	509	80.3
7.5: Use electronic information systems in nursing care delivery.	631	2.0	1.7	1.2	633	4.0	3.6	0.8	0	11	1.7
									1	595	94.0
									2	27	4.3
7.6: Follow ethical standards in nursing care delivery and management.	632	2.0	2.3	1.3	634	4.0	3.7	0.7	0	4	0.6
									1	615	97.0
									2	15	2.4
7.7: Follow legal and regulatory requirements in nursing care delivery and management.	632	3.0	2.5	1.3	634	4.0	3.7	0.6	0	2	0.3
									1	615	97.0
									2	17	2.7

* Consequence Ratings: 0 = No Harm, 1 = Minimal Harm, 2 = Moderate Harm, 3 = Substantial Harm, 4 = Extreme Harm. Frequency Ratings: 0 = Never, 1 = Rarely, 2 = Sometimes, 3 = Often, 4 = Repeatedly. Performance Expectation Ratings: 0 = Not at all; 1 = Within the first 6 months of working as a <specialty> nurse; 2 = After the first 6 months of working as a <specialty> nurse.

**Appendix C – Summary Statistics: Consequence, Frequency, and Performance Expectation Ratings
2010 Role Delineation Study: Cardiac-Vascular Nurse – National Survey Results**

Appendix D

Task Statements Sorted by Relative Importance

Cardiac-Vascular	PE Mode	Avg Cons	Avg Freq	Relative Importance
3.5: Administer medications as prescribed using evidence-based, developmentally appropriate, age-appropriate techniques.	1.0	3.00	3.60	33.1
7.7: Follow legal and regulatory requirements in nursing care delivery and management.	1.0	2.47	3.74	31.7
5.4: Maintain a developmentally appropriate therapeutic relationship.	1.0	1.99	3.84	30.8
1.2: Obtain a home medication list.	1.0	2.26	3.75	30.8
7.6: Follow ethical standards in nursing care delivery and management.	1.0	2.32	3.71	30.5
1.14: Document assessment findings in patient records.	1.0	2.06	3.78	30.1
1.3: Perform a medication reconciliation	1.0	2.34	3.65	29.9
1.7: Obtain diagnostic test results.	1.0	2.30	3.62	29.2
1.4: Perform physical examination using age-appropriate, system-specific, evidence-based assessment techniques.	1.0	2.13	3.68	29.1
5.2: Establish trust.	1.0	1.70	3.83	29.1
3.6: Document nursing interventions in patient records.	1.0	1.90	3.77	29.1
5.7: Serve as patient advocate.	1.0	2.08	3.66	28.6
3.4: Coordinate patient care.	1.0	1.95	3.67	28.1
4.5: Communicate changes to the patient, family, significant other, and interdisciplinary team.	1.0	1.99	3.63	27.8
4.3: Evaluate the patient's response to interventions and the effectiveness of the plan of care.	1.0	1.96	3.63	27.6
5.6: Maintain appropriate physical and emotional boundaries.	1.0	1.85	3.68	27.6
5.3: Develop rapport.	1.0	1.51	3.79	27.3
1.1: Obtain patient history using age-appropriate, system-specific, evidence-based tools.	1.0	1.78	3.67	27.1
4.6: Document the patient's response to interventions and changes to the plan of care in patient records.	1.0	1.85	3.61	26.9
5.1: Approach the patient in a developmentally appropriate manner.	1.0	1.51	3.76	26.7
6.2: Identify barriers to learning.	1.0	1.82	3.55	26.2
6.1: Identify learning needs.	1.0	1.77	3.57	26.1
7.5: Use electronic information systems in nursing care delivery.	1.0	1.65	3.63	26.1
1.8: Review findings provided by others.	1.0	1.83	3.48	25.7
5.5: Support the patient's parents, family, significant others, and caregivers.	1.0	1.52	3.67	25.7
4.1: Collect data related to the patient's response to interventions.	1.0	1.85	3.45	25.6
7.2: Coordinate patient safety measures.	1.0	2.31	3.07	25.5
2.1: Prioritize nursing diagnoses and/or problems.	1.0	1.73	3.41	24.7
3.3: Create a safe, developmentally appropriate, therapeutic environment conducive to care.	1.0	2.13	3.68	24.4
1.5: Complete psychosocial assessment using age-appropriate, system-specific, evidence-based tools and assessment techniques.	1.0	1.58	3.42	24.1
6.3: Develop an individualized education plan with the involvement of the patient, family, significant other, and caregiver.	1.0	1.65	3.36	24.0
2.5: Document plan of care and expected outcomes in patient records.	1.0	1.45	3.46	23.7
4.2: Collect data on factors that impact the patient's care.	1.0	1.72	3.20	23.5
4.4: Update the plan of care.	1.0	1.48	3.40	23.4

Appendix D – Task Statements Sorted by Relative Weight

2010 Role Delineation Study: Cardiac-Vascular Nurse – National Survey Results

Cardiac-Vascular	PE Mode	Avg Cons	Avg Freq	Relative Importance
2.4: Develop an individualized, developmentally appropriate plan of care.	1.0	1.54	3.33	23.4
3.2: Use other evidence-based practice guidelines as the basis for interventions specific to the plan of care.	1.0	1.63	3.19	23.0
1.9: Synthesize available data and knowledge to identify patterns and variances.	1.0	1.69	2.93	22.1
7.3: Improve quality of nursing care delivery.	2.0	1.72	2.86	21.9
6.7: Document the education provided and its effectiveness in patient records.	1.0	1.36	3.21	21.8
1.13: Create a problem list based on assessment data.	1.0	1.48	3.07	21.7
5.8: Document pertinent aspects of the nurse-patient relationship in patient records.	1.0	1.29	3.07	20.8
6.5: Implement the education plan.	1.0	1.39	2.94	20.8
6.6: Evaluate the education plan's effectiveness.	1.0	1.35	2.87	20.3
1.11: Identify nursing diagnoses using clinical pathways.	1.0	1.21	2.87	19.6
2.2: Formulate expected outcomes with patient, family, significant other, and interdisciplinary team involvement using Nursing Outcomes Classification (NOC).	1.0	1.23	2.74	19.3
2.3: Formulate expected outcomes with patient, family, significant other, and interdisciplinary team involvement using clinical pathways or a different system. [Specify other]	1.0	1.26	2.71	19.3
7.1: Serve as a preceptor.	2.0	1.40	2.25	18.4
7.4: Serve as a clinical content expert for the design and enhancement of policies, procedures, processes, and systems that affect nursing care.	2.0	1.39	1.99	17.5
3.1: Use Nursing Interventions Classification (NIC) as the basis for interventions specific to the plan of care.	1.0	1.10	2.24	17.1
1.10: Identify nursing diagnoses using the North American Nursing Diagnosis Association-International (NANDA-I) taxonomy.	1.0	0.95	2.49	17.1
1.6: Collect data on psychoses.	1.0	1.31	1.79	16.6
6.4: Develop educational programs for groups.	2.0	0.87	1.80	14.7
1.12: Identify nursing diagnoses using a different system. [Specify the system]	0.0	0.57	1.21	11.4

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