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A National Role Delineation Study of the Advanced Practice Addictions Nurse

Executive Summary

June 2012

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The purpose of this study was to identify the necessary tasks and requisite knowledge of advanced practice addictions nurses as a first step in the continuing development of a job-related certification examinations. The International Nurses society on Addictions (IntNSA) requested the services of Applied Measurement Professionals, Inc. (AMP) to design and conduct a study that would provide the support necessary to develop specifications upon which content valid certification examinations could be built for both addictions nurses and advanced practice addictions nurses.

IntNSA appointed a Role Delineation Advisory Committee (RDAC) to conduct the activities necessary to identify responsibilities of both practitioners and develop Examination Specifications. The diversity of this group was reflective of the specialty areas practiced throughout the United States, and all RDAC members had demonstrated expertise in their respective areas of specialization.

The study involved development of a web-based role delineation survey, distribution of the survey to target practitioners, and an analysis of their responses. The survey was designed to include two job analyses for addictions nurses & advanced practice addictions nurses. Examination Specifications for advanced practice addictions nurses were developed only on the basis of advanced practice addictions nurse data. The Examination Specifications can be described as including a Detailed Content Outline and associated knowledge, along with requirements related to the number of items to be included.

The RDAC met in September 2011 to initiate the following six tasks:

1. Develop a sampling plan
2. Identify topics and tasks for the survey instrument
3. Identify content categories
4. Determine the rating scales
5. Determine the relevant demographic variables of interest
6. Integrate demographics, rating scales, topics and tasks into a survey instrument

A total of 1,027 survey invitations containing a link to the online job task analysis study were e-mailed to addictions nurse practitioners. After adjusting for undeliverable addresses (n=97) and opt outs (n=6), it was determined that approximately 31% of the sample responded (n=924). Among 924 respondents, 221 respondents identified themselves as practicing in addictions nursing, with 63 at the AP level. Respondents used all rating scales with an acceptable level of reliability.

During a second meeting of the AC in January 2012, the AC reviewed the demographics of the respondent group, and concluded that the respondents were consistent with their expectation of the population of advanced practice addictions nurses. In addition, it was determined that a sufficient number of responses in relevant subgroups was received to facilitate subsequent analyses. Responses to some of the demographic variables are depicted in the following graphs.

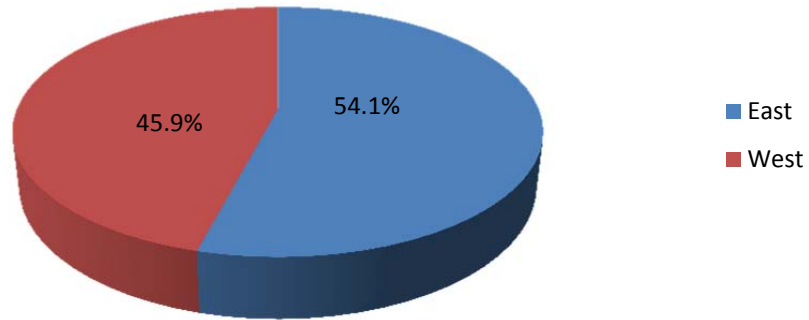


Figure 1. In which state do you work? (Recoded into regions)

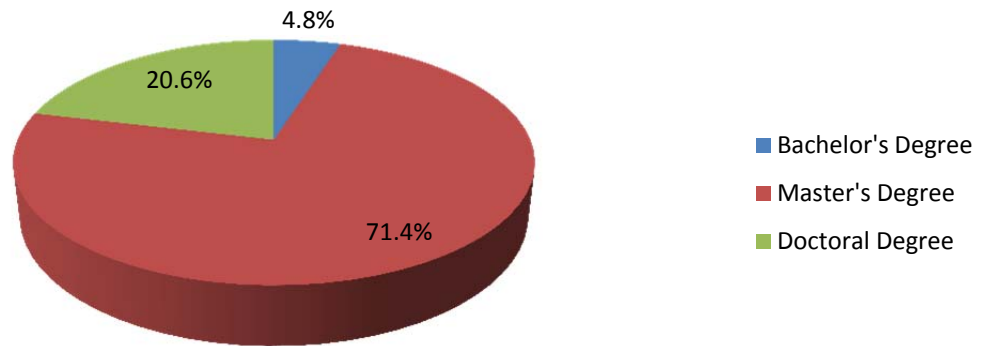


Figure 2. What is the highest educational level in nursing you have completed?

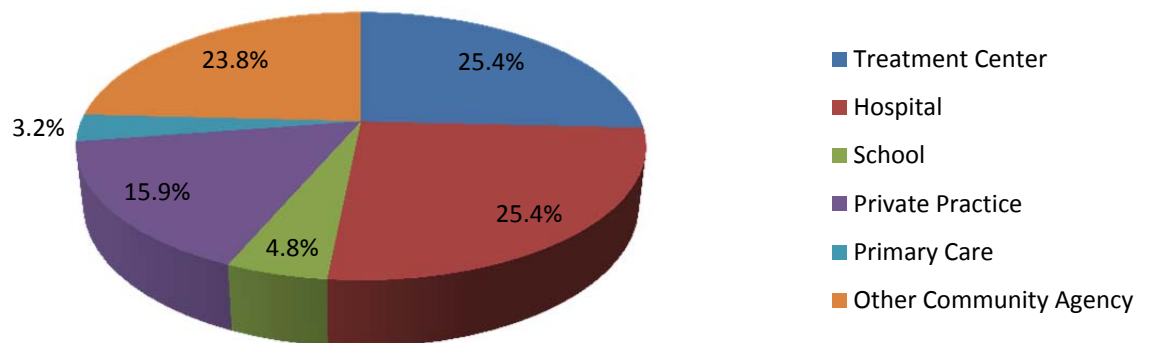



Figure 3. Which of the following best describes the type of facility in which you primarily work?


During the second meeting, decision rules were adopted and used to determine which topics and tasks were appropriate for assessment, and therefore for inclusion in the final Detailed Content Outline. Decision rules were established to ensure that the resulting content was:


- Part of practice
- Important to practice
- Important throughout the United States
- Important regardless of educational preparation, and
- Important for entry-level practitioners


The final count of tasks and knowledge statements for the addictions nurse, after all deletions and additions, was 147 and 48 respectively. It was determined that a total of 120 multiple-choice items would be sufficient to assess these topics and tasks. The number of items specified for each content category was determined by the RDAC based upon consideration of the breadth and depth of content, using the survey respondents' judgments regarding the percentage of a CARN-AP® examination that should be included in each area. Finally, the RDAC evaluated the cognitive complexity that would likely be associated with the categories on the content outline, and determined that 17 items should require recall on the part of the candidate, 73 should require application of knowledge, and 30 should require analysis of a addictions patient situation. The final Detailed Content Outline, along with associated tasks, is shown on the pages that follow.


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 <p style="text-align: center;">CARN-AP Content Outline</p>	# of Items
1. Assessment	31
<p><i>A. Basic assessment considerations</i></p> <ol style="list-style-type: none"> 1. Base assessment techniques on theory, research and best practices 2. Assess the effect of interactions among individuals, family, community, and social systems on health and illness 3. Record patients' health and psychosocial histories 4. Record comprehensive drug and alcohol use history 5. Record physical assessment results, diagnoses, treatment plans, prescriptions, or outcomes 6. Explore relationship of substance use to the functioning of the family 7. Identify personal risk and protective factors for the patient 8. Identify family risk and protective factors for the patient 9. Identify cultural risk and protective factors for the patient 10. Identify environmental risk and protective factors for the patient 11. Identify genetic risk and protective factors for the patient 12. Identify risk and protective factors related to spirituality for the patient 13. Identify the adverse consequences (e.g., legal, relationship, occupational, physical) of alcohol and drug use for the patient 14. Validate information with patient, other healthcare professionals and/or significant others <p><i>B. Observe, interview, and assess patients to identify care needs</i></p> <ol style="list-style-type: none"> 1. Assess degree of risk for alcohol or drug misuse 2. Assess degree of risk for relapse 3. Assess degree of intoxication for alcohol use by visualization or field sobriety testing methods 4. Assess degree of intoxication for drugs of abuse 5. Assess stage of withdrawal for alcohol use 6. Assess stage of withdrawal for drugs of abuse 7. Assess factors that affect pain management in the patient with addiction 8. Identify behavioral effects of alcohol use 9. Identify behavioral effects of drug use 10. Recognize early signs and symptoms of alcohol abuse 11. Recognize early signs and symptoms of drug abuse 12. Recognize acute/chronic effects of alcohol use 13. Recognize acute/chronic effects of drug use 14. Recognize acute/chronic effects of nicotine 15. Identify behavioral effects of impulse control disorders 16. Identify associated behaviors of eating disorders 17. Assess patient's readiness for behavioral change 18. Assess patient's health literacy 	

 <p>CARN-AP Content Outline</p>	# of Items
<p><i>C. Initiate and interpret diagnostic tests and procedures relevant to the patient's current status</i></p> <ol style="list-style-type: none"> 1. Evaluate physiological consequences of addictive disorders (e.g., including lab tests) 2. Utilize screening tools to assess alcohol use 3. Utilize screening tools to assess drug use 4. Differentiate symptoms related to psychiatric disorders from those related to substance abuse 5. Differentiate symptoms related to medical conditions from those related to substance abuse 6. Utilize standardized instruments for assessment and evaluation 	
<p>2. Diagnosis</p>	<p>19</p>
<p><i>A. Basic diagnosis considerations</i></p> <ol style="list-style-type: none"> 1. Base diagnoses on criteria consistent with accepted classifications <p><i>B. Derive and prioritize nursing diagnoses from the assessment data using complex clinical reasoning</i></p> <ol style="list-style-type: none"> 1. Actual diagnosis 2. Risk diagnosis 3. Health promotion diagnosis <p><i>C. Formulate differential diagnoses by systematically analyzing clinical and other related findings</i></p> <ol style="list-style-type: none"> 1. Diagnose alcohol and drug intoxication 2. Diagnose withdrawal related to addictions 3. Diagnose substance use disorders 4. Diagnose substance abuse disorders 5. Diagnose substance dependence disorders 6. Diagnose process addictions 7. Diagnose eating disorders 	
<p>3. Identifying Outcomes</p>	<p>11</p>
<p><i>A. Identify expected outcomes that incorporate scientific evidence and are achievable through implementation of evidence-based practices</i></p> <p><i>B. Identify expected outcomes that incorporate cost and clinical effectiveness, patient satisfaction, and continuity and consistency among providers</i></p> <p><i>C. Modify plan of care based on changes in patient's healthcare status</i></p> <p><i>D. Account for the entire wellness-addictions continuum</i></p> <p><i>E. Differentiate outcomes that require care process interventions from those that require system-level interventions</i></p>	

 <p>CARN-AP Content Outline</p>	# of Items
<ul style="list-style-type: none"> <i>F. Identify assessment strategies, diagnostic strategies, and therapeutic interventions that reflect current evidence, including data, research, literature, and expert clinical knowledge</i> <i>G. Identify with consideration of the patient's age, ethnicity and socioeconomic and environmental circumstances</i> <i>H. Lead the design and development of interprofessional processes to address the identified diagnosis or issue</i> 	
<p>4. Planning of Care</p>	<p>16</p>
<ul style="list-style-type: none"> <i>A. Collaborate with multidisciplinary team in developing treatment plan</i> <i>B. Tailor treatment plan to accommodate patients' health needs, beliefs, and practices</i> <i>C. Include specific interventions with measurable treatment goals rooted in evidence-based practice</i> <i>D. Engage the patient and family in the development of the treatment plan</i> <i>E. Integrate gender differences in the development of the treatment plan</i> <i>F. Integrate ethnic differences in the development of the treatment plan</i> <i>G. Integrate cultural differences in the development of the treatment plan</i> <i>H. Integrate genetic differences in the development of the treatment plan</i> <i>I. Present plan to patient in understandable terms</i> <i>J. Integrate patient's readiness for behavioral change in the development of the treatment plan</i> <i>K. Integrate identified risk and protective factors for the patient and family into the development of the treatment plan</i> <i>L. Integrate acute and chronic pain management in the treatment plan</i> 	
<p>5. Implementation of Care</p>	<p>31</p>
<ul style="list-style-type: none"> <i>A. Principles of nursing implementation</i> <ul style="list-style-type: none"> <i>1. Use systems, organizations, and community resources to implement the plan</i> <i>2. Use continuous quality improvement principles to improve patient outcomes</i> <i>3. Collaborate with nursing and other colleagues to implement the plan</i> <i>4. Utilize best practices in implementation of the plan</i> <i>5. Promote a safe environment for implementation of the plan</i> <i>6. Use therapeutic communication skills to improve patient outcomes</i> <i>7. Use patient-centered care principles to improve patient outcomes</i> 	

 <p>CARN-AP Content Outline</p>	# of Items
<p><i>B. Coordination of care</i></p> <ol style="list-style-type: none"> 1. Provide care with consideration of patient's needs and desired outcomes 2. Collaborate with healthcare team to monitor health conditions of patients 3. Lead the coordination of integrated patient care services <p><i>C. Health teaching and health promotion</i></p> <ol style="list-style-type: none"> 1. Advocate on behalf of the patient/family 2. Educate patients and family members about co-occurring mental health, physical health, and addiction disorders 3. Educate patients and family members about preventive health measures and self care 4. Educate patients and family members about expected effects and potential side effects of medications 5. Educate patients and family members about relapse prevention 6. Utilize motivational enhancement strategies to promote behavioral change 7. Utilize brief interventions to promote behavioral change 8. Utilize evidence-based literature to educate patient and family about the neurobiological basis of addictions 9. Employ learning theory models when designing health information programs 10. Employ behavioral change theories when designing health information programs 11. Incorporate epidemiological evidence when designing health information programs 12. Design health information and patient education appropriate to the patient's developmental level 13. Design health information and patient education appropriate to the patient's readiness to learn 14. Design health information and patient education appropriate to the patient's cultural values and beliefs 15. Evaluate health information resources (e.g., print materials, web sites) in the area of practice for accuracy, readability, and comprehensibility to help patients access quality health information 16. Provide anticipatory guidance to individuals, families, groups, and communities to promote health and prevent or reduce the risk of health problems <p><i>D. Provide evidence based education related to:</i></p> <ol style="list-style-type: none"> 1. Substance use disorders across life span 2. Alcohol use 3. Drug abuse 4. Nicotine use 5. Eating disorders 6. Process addictions 	

 <p>CARN-AP Content Outline</p>	# of Items
<p><i>E. Provide evidence based education about:</i></p> <ol style="list-style-type: none"> 1. The risks of alcohol use in pregnancy 2. The risks of nicotine use in pregnancy 3. The risks of drug use during pregnancy 4. The risks of eating disorders in pregnancy 5. Risky health behaviors 6. Proper nutrition 7. The importance of regular exercise 8. The biological consequences of substance use 9. The psychosocial consequences of substance use <p><i>F. Consultation</i></p> <ol style="list-style-type: none"> 1. Synthesize clinical data, theoretical frameworks, and evidence-based practice when providing consultation to healthcare providers to improve patient outcomes 2. Facilitate the effectiveness of a consultation by involving the patient and significant others in decision-making 3. Base consultation on mutual respect and defined role responsibility <p><i>G. Treatment</i></p> <ol style="list-style-type: none"> 1. Ensure safe detox 2. Offer emotional support to patient 3. Provide specialized direct and indirect care to inpatients and outpatients 4. Offer counseling regarding changes in behavior and thinking 5. Offer one-to-one counseling for the patient and family 6. Establish boundaries in treatment with patients 7. Monitor patient's response to medications for management of alcohol withdrawal symptoms 8. Monitor patient's response to medications for management of drug withdrawal symptoms 9. Monitor patient's response to medications to reduce cravings from alcohol 10. Manage medication for alcohol withdrawal symptoms 11. Manage medication for drug withdrawal symptoms 12. Prescribe medications to reduce cravings from alcohol 13. Prescribe medications for pain management for patient with substance use disorder 14. Initiate treatment based on vital signs and/or laboratory results for patients with substance use disorders 15. Manage symptoms of concurrent psychiatric disorders in patients with substance use disorders 16. Follow evidence-based protocols to treat patients with addictions 17. Initiate evidence-based protocols to treat patients with addictions 18. Evaluate therapeutic and potential adverse effects of pharmacological treatments 	

 <p>CARN-AP Content Outline</p>	<p># of Items</p>
<p>19. Evaluate therapeutic and potential adverse effects of non-pharmacological treatments</p> <p>20. Provide information about costs and alternative treatment options and procedures</p> <p><i>H. Psychotherapy and complementary therapy</i></p> <ol style="list-style-type: none"> 1. Base therapeutic modalities on needs of the patient 2. Base therapeutic modalities on current theory, research and best practices 3. Work with the patient to identify ongoing psychotherapy goals 4. Utilize cognitive behavioral strategies to improve patient outcomes 5. Incorporate complementary and alternative therapy options 6. Present theory, research and the practice of complementary therapies to patient to ensure informed choices <p><i>I. Referral</i></p> <ol style="list-style-type: none"> 1. Ensure continuity of care when making referrals to other levels of care 2. Refer patients to specific care providers for additional care based upon patient needs with consideration for benefits and costs 3. Maintain confidential information in accordance with legal standards 	
<p>6. Evaluation of Care</p>	<p>12</p>
<p><i>A. Evaluate patient's and family's response to interventions</i></p> <p><i>B. Revise diagnoses and plan of care as needed</i></p> <p><i>C. Ensure ongoing evaluation involving significant others</i></p> <p><i>D. Ensure ongoing evaluation involving other care providers</i></p> <p><i>E. Analyze evaluation results to recommend system changes including policy, procedure, or protocol revision</i></p>	
<p style="text-align: right;">Totals</p>	<p>120</p>

Related Knowledge

K1	Biological risk factors
K2	Psychological risk factors
K3	Family risk factors
K4	Peer risk factors
K5	Community/Cultural risk factors
K6	Protective/resiliency factors
K7	Prevention strategies
K8	Intervention strategies
K9	Health promotion and disease prevention
K10	Epidemiology
K11	Alcohol abuse
K12	Psychoactive substance abuse/addiction
K13	Drug abuse/addiction
K14	Nicotine dependence
K15	Process addictions (e.g., gambling, sexual, spending/shopping)
K16	Eating disorders
K17	Patient physiological problems
K18	Patient psychological problems
K19	Patient family problems
K20	Patient social/Community problems
K21	Patient spiritual problems
K22	Patient cognitive problems
K23	Patient workplace problems
K24	Patient legal problems
K25	Biopsychosocial model
K26	Assessment and diagnosis
K27	Pharmacologic treatment
K28	Non-pharmacologic treatment
K29	Psychotherapy/counseling treatment
K30	Needs of patients with substance abuse disorders
K31	Needs of patients with nicotine addiction
K32	Needs of patients with eating disorders
K33	Needs of patients with impulse control addiction
K34	Needs of patients with dual/multiple disorders
K35	Assessment of relapse potential
K36	Relapse prevention techniques
K37	Neurobiological basis of addiction and reward
K38	Neurochemistry of abuse
K39	Neurophysiology of reward
K40	Continuing education
K41	Evidence based practice and research
K42	Quality of practice
K43	Environmental health
K44	Interdisciplinary process
K45	Boundaries of the therapeutic/professional relationship
K46	Protect public from harm
K47	Patient confidentiality
K48	Individual/cultural differences (e.g., gender, age, incarcerated populations, GLBT, cultural diversity)

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