Commission on Nurse Certification

Clinical Nurse Leader

Job Analysis Report 2011

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Executive Summary

In May of 2011, the Commission on Nurse Certification (CNC) set out to conduct a scientific research study to profile the role of the Clinical Nurse Leader (CNL) in order to update the CNL certification examination. The CNC appointed an Advisory Committee to provide content-area expertise, comprised of subject matter experts (SMEs) representative of the diversity of practice. To inaugurate the study, a literature search was initiated by the CNC in conjunction with Schroeder Measurement Technologies, Inc. (SMT), a full-service testing company. Websites, job descriptions, published research, and the then-current content outline were reviewed. The results of the literature search were used to develop an exhaustive list of the tasks, knowledge, skills, and abilities (KSAs) required of competent practice. This list was presented to ten Advisory Committee SMEs for review during a face-to-face meeting held May 14–15, 2011, in Tampa, Florida. The outline was augmented and approved, and the final list contained 206 tasks and KSAs. One rating scale was adopted providing a mechanism for measuring task importance and frequency of practice. The survey design included a demographic questionnaire to gather confidential data describing the survey respondents and their CNL practice in order to ensure representativeness of the sample. The survey also queried the relative comprehensiveness of the survey, and offered the opportunity for respondents to identify tasks and KSAs that may have been left off of the survey. The task list and demographic questionnaire were then translated into an online survey questionnaire, which was posted and monitored by psychometric staff at SMT.

The survey was beta-tested by the Advisory Committee to ensure complete functionality and that all content was accurate. Minor edits were incorporated based upon beta-test feedback, and the survey was finalized. In June 2011, e-mail invitations were sent to approximately 1,560 CNLs. The survey was available online from June 13, 2011 – July 31, 2011. A total of 294 individuals attempted the survey, but 36 responses were deleted because of incomplete data. This resulted in 258 successfully completed surveys for an adjusted return rate of 16.7%, an excellent return rate for an unsolicited survey. The Cronbach's alpha was 0.99 for the importance ratings. As a rule of thumb, reliability coefficients greater than 0.7 are deemed acceptable, indicating that the survey instrument was highly reliable.

Approximately 98% of the respondents indicated that the survey either completely or adequately described the critical tasks required of competent practice as a CNL. This supports near perfect confidence that the survey depth was reflective of practice across different geographic regions and practice settings.

A second Advisory Committee meeting was held August 29, 2011, via webinar and conference call to present, review, and consider the results of the survey analyses. The primary goal of this meeting was to establish task exclusion criteria to differentiate between the important and non-important, performed and not-performed tasks. Of the original 206 tasks and KSAs, three were removed from the content outline due to statistically-based decision roles. Review of the remaining 203 tasks confirmed that all were assessable and/or observable, and therefore

appropriate for inclusion on the CNL certification examination. Review of the respondent suggestions for missing tasks and KSAs did not reveal any deficiencies in the content outline.

The final approved task listing was then translated into a final examination content outline, establishing the link between job performance of important tasks, and successful performance on the CNL examination. Finally, the Advisory Committee was asked to consider the 17 subdomains represented in the approved content outline. Discussion was held concerning the complexity of the tasks included in these subdomains, importance ratings, and time spent by CNLs performing the tasks. Through this exercise, the Advisory Committee established subdomain weights for the content outline which will serve as the blueprint for the CNL multiple-choice examination.

Introduction

Survey Overview: The Content Validation Model

The foundation of a valid, reliable, and legally defensible professional certification program is the result of a well-constructed job analysis (JA) study. The JA study establishes the link between test scores achieved on certification exams and the competencies being tested, which ensures that pass or fail decisions correlate to competent performance. When evidence of validity based on examination content is presented for a specific professional role, it is critical to consider the relative importance of the competencies being tested. The Joint Standards for Educational and Psychological Testing (AERA, APA, and NCME, 1999) state:

> *Standard 14.10*
> When evidence of validity based on test content is presented, the rationale for defining and describing a specific job content domain in a particular way (e.g., in terms of tasks to be performed or knowledge, skills, abilities, or other personal characteristics) should be stated clearly.

> *Standard 14.14*
> The content domain to be covered by a credentialing test should be defined clearly and justified in terms of the importance of the content for the credential-worthy performance in an occupation or profession. A rationale should be provided to support a claim that the knowledge or skills being assessed are required for credential-worthy performance in an occupation and are consistent with the purpose for which the licensing or certification program was instituted.

Purpose of the Job Analysis Study

The Commission on Nurse Certification (CNC) worked with Schroeder Measurement Technologies, Inc. (SMT), to develop a certification examination program meeting the aforementioned standards. A full-scale JA study was conducted, beginning in May 2011, which included establishing and implementing an online survey instrument that described the performance activities (tasks) and knowledge, skills, and abilities (KSAs) required of a competent CNC-certified Clinical Nurse Leader (CNL). Based upon the JA results, the CNC determined the content for its CNL certification examination.

This report provides an overview of the survey design, analysis, and results. The demographic data of the survey participants are displayed graphically. In addition, the implications of these results on examination development are discussed.

Survey Methodology

Survey Design

The CNC convened a meeting at SMT headquarters in Clearwater, FL, on May 14–15, 2011, to create a comprehensive list of tasks and KSAs that are essential for competent practice within the CNL role. In preparation for that meeting, staff at SMT reviewed job descriptions, journal articles, reference books, websites, and other relevant research materials and sources to create a draft list of tasks and KSAs. This draft list was reviewed by three SMEs, and their feedback was incorporated into a revised version that was used as the starting point for the meeting.

The ultimate goal of the meeting was to develop the content for a survey that will validate the tasks and KSAs that comprise the body of knowledge for the CNL role. The meeting participants (see Appendix A) were all considered subject matter experts (SMEs) in the CNL role. A copy of the survey appears in Appendix B.

SMT and the CNC developed the following survey parts during the meeting:

1. List of tasks and KSAs
2. Survey rating scale
3. Demographic and open-ended questions

Draft Tasks and KSA List and Survey Rating Scale

Appendix C contains the original content outline and the abbreviations that were used for each task element for analysis purposes.

SMT and the CNC established the following rating scale for the survey:

0 = Not Performed/Not Applied
1 = Of No Importance
2 = Of Little Importance
3 = Moderately Important
4 = Very Important
5 = Extremely Important

The following instructions preceded the rating scale:

How important is this task or knowledge element to the practice of a CNL? Rate each task or knowledge element using the scale provided from "Of No Importance" to "Extremely Important." Please select "Not Performed / Not Applied" for tasks and knowledge elements you have never performed or applied as a CNL.

Demographic Questions

In order to evaluate whether the importance of tasks and KSAs varies based upon respondents' years of experience, geographic region, and other pertinent information, SMT included a demographic questionnaire. These demographic questions gathered the following information[1]:

1. Years of experience in the nursing field
2. Years as a CNL
3. Current job role
4. Job title
5. Primary work setting
6. Geographic region of practice
7. Nursing specialties
8. Employer incentives for the CNL role
9. Age
10. Gender
11. Ethnicity

Sampling Methodology

An e-mail was sent to a list of 1,560 CNLs, inviting them to answer the online survey (Appendix D). Of the 1,560 e-mails, 19 e-mails were returned due to bad addresses, providing a sample of 1,541 potential respondents for the survey. The online survey was available to respondents from June 13, 2011 – July 31, 2011, a period of seven weeks.

Survey Return Rate

Of the 1,541 potential respondents, 294 attempted the survey, for a response rate of 19.1%. Thirty-six individuals provided no ratings for the task elements or KSAs, so they were excluded from the data analysis. This left a total of 258 individuals who successfully completed the survey, for an adjusted response rate of 16.7%.

Data Collection and Analyses

After the close of the administration window, SMT collected the data and performed calculations using both SPSS© version 19.0 and Microsoft Excel® 2010 computer programs. Survey adequacy and reliability, summary statistics of demographic results, mean frequency ratings of tasks/activities not performed, mean importance ratings of KSAs with standard errors, and mean importance ratings by subgroups (demographics) including corresponding t-tests or analysis of variance (ANOVA) with Bonferroni correction are provided in this report.

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[1] Respondents were also asked whether they presently hold the CNL certification, and only those who answered "Yes" were able to complete the survey.

Survey Results

Results are divided into the following three sections:
1. Survey adequacy and reliability information
2. Demographic results
3. Frequency, importance, and subgroup ratings

Survey Adequacy and Reliability Information

Survey Adequacy

At the end of the survey, respondents were asked to reflect on the adequacy of survey content. Of the 258 respondents, 57 did not answer this question. Approximately 98.0% (n=197) of the respondents indicated that the survey either adequately or completely covered the important tasks performed by the competent CNL (Figure 1, Table 1).

> *How well did this survey cover the important tasks performed by a Clinical Nurse Leader in his/her work?*

> *Drop-down list:*   *Completely*
> *Adequately*
> *Inadequately*
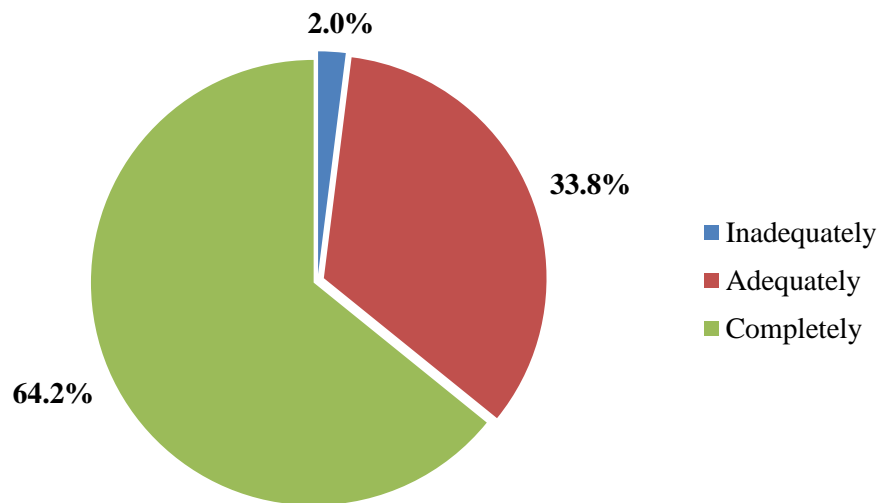
FIGURE 1. *Survey adequacy.*

TABLE 1
Survey Adequacy

Adequacy	Frequency	Valid Percent (%)
Completely	129	64.2
Adequately	68	33.8
Inadequately	4	2.0

If "Inadequately" was selected from the drop-down menu, respondents were prompted to provide a reason for their choice. The unedited responses of the three individuals who provided a reason for choosing "Inadequately" can be found in Appendix E.

Reliability

An internal consistency reliability estimate was calculated in order to determine whether the tasks and KSAs measure a single, unidimensional construct – in this case, the competency of a Clinical Nurse Leader. The reliability estimate used was Cronbach's alpha, which ranges from 0 to 1, with higher values indicating more internal consistency (higher reliability). For the CNL survey, Cronbach's alpha was 0.99 for the importance ratings, which demonstrates that the survey was highly reliable.

Missing Tasks and KSAs

At the end of the survey the respondents were also provided with the following open-ended question:

> *In the space provided below, please specify the job tasks or competencies that are important for a Clinical Nurse Leader to perform or understand but you feel were overlooked or not covered in this survey.*

These unedited responses appear in Appendix F.

Demographic Results

Experience in the Field of Nursing

How many years have you worked in the nursing field?

Years of experience within the nursing field ranged from less than 1 year to 47 years. The average was 17 years.

Experience as a CNL

How many years have you been a CNL?

Since the CNL role is a relatively new one, having been established in 2003, respondents' experience in the role ranged from less than 1 year to 7 years, with more than 40% of respondents having worked in the role for only a year. Figure 2 contains a frequency distribution of respondents' years of experience as a CNL.
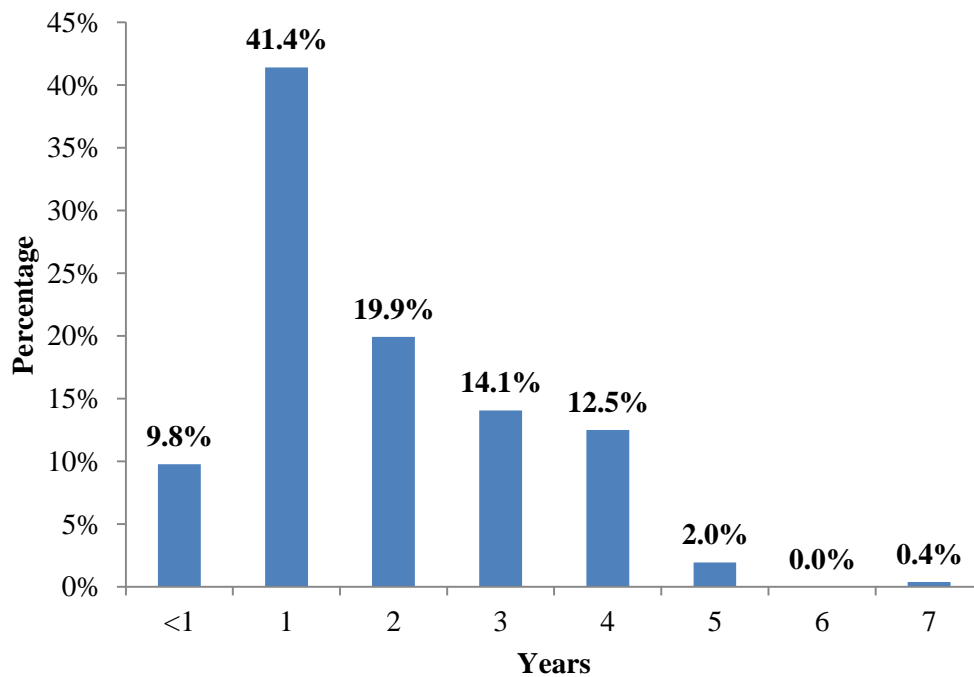
FIGURE 2. *Years of experience working in the CNL role.*

Current Job Role

Of the respondents who provided their current job role (n=250), the most common response was the CNL role (40.0%, n=100). The next largest subgroup of respondents identified themselves as staff nurses (18.0%, n=45) followed by faculty and academe (14.4%, n=36). Figure 3 contains a frequency distribution of how respondents identified their current job role; Appendix G contains the job roles of those individuals who chose "Other."

Are you currently working in the CNL role?

Radio buttons: *Yes*
                            No

If no, how would you describe your current role?

Drop-down list: *Not currently employed in nursing*
                            Staff Nurse
                            Faculty/Academe
                            Consulting
                            Nursing Administrator
                            Research
                            Manager/Director
                            Other (please specify)
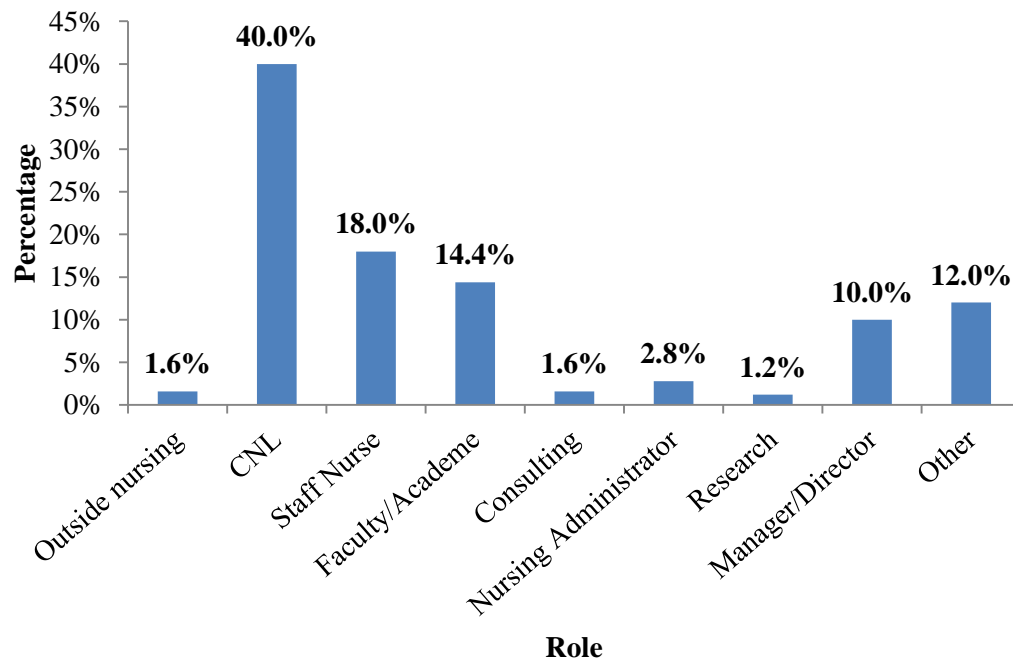
FIGURE 3. *Current job role.*

Job Title

As can be seen in Figure 4, respondents (n=255) held a large variety of job titles with the most common being Clinical Nurse Leader (25.9%). Appendix H contains the job titles of all respondents who chose the "Other" category.

Which of the following best describes your job title?

Drop-down list: *Clinical Nurse Leader*
Nurse Educator
Staff Nurse
Director, Quality and Care
Care Coordinator
School Nurse
Clinical Director
Unit Coordinator
Clinical Nurse
Registered Nurse
Charge Nurse
Patient and Care Facilitator
CNL Educator
Manager/Director
Other (please specify)
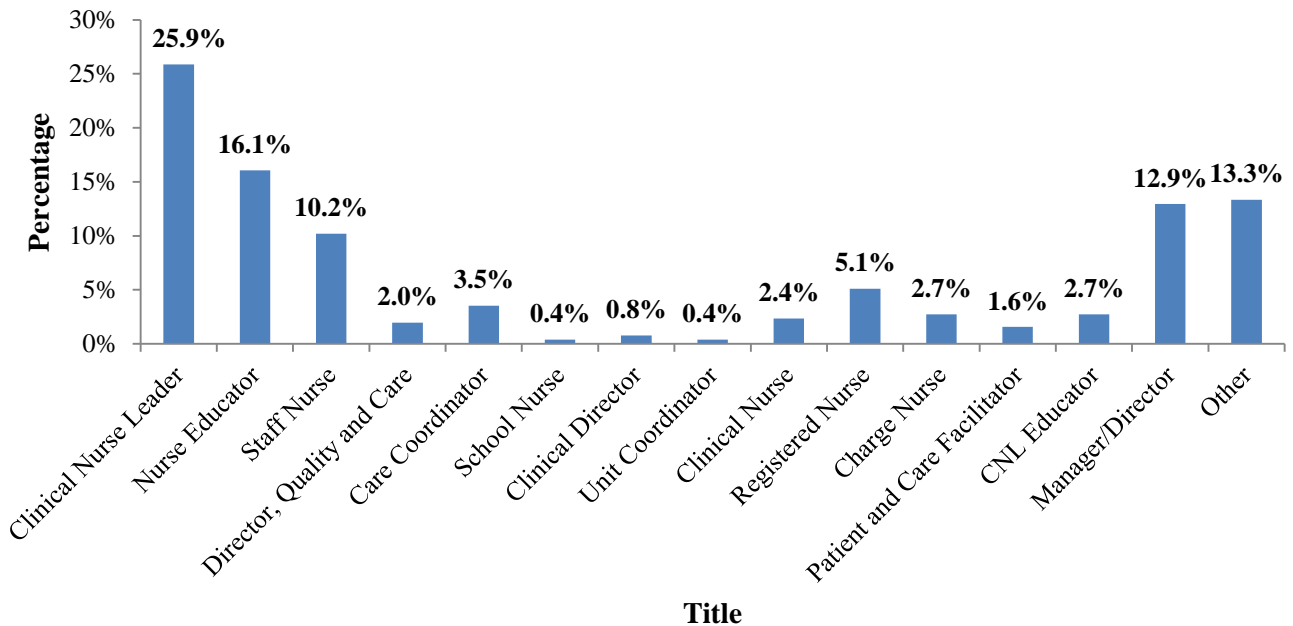
FIGURE 4. *Job title.*

Primary Work Setting

The majority of respondents worked in acute care inpatient (59.5%), with the second largest subgroup working in a school of nursing (14.0%). No respondents worked in a nurse-managed practice. The work settings of those respondents who chose "Other" can be found in Appendix I.

What is your primary work setting?

Drop-down list: *Acute Care Inpatient*
                        Outpatient Clinic or Surgery Center
                        Home Health
                        Community/Public Health
                        School/University Health
                        Nursing Home/Long-Term Care/Sub-Acute Care
                        Hospice
                        Physician Practice (solo or group)
                        Nurse-Managed Practice
                        School of Nursing
                        Other (please specify)
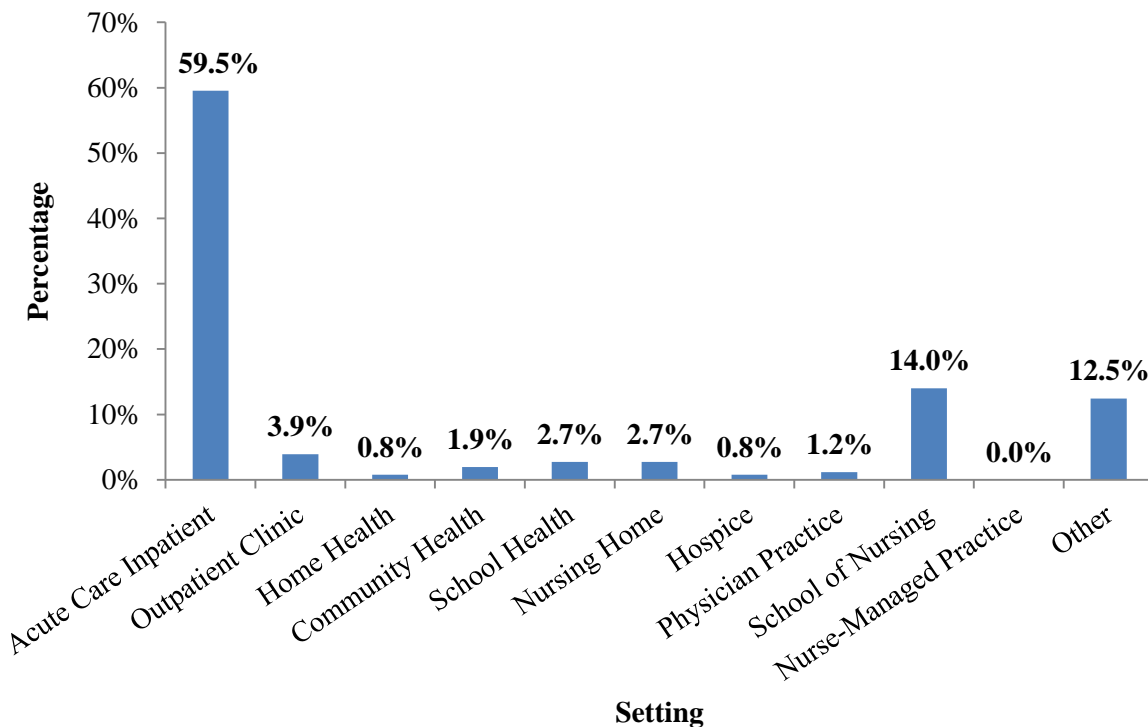
FIGURE 5. *Primary work setting.*

Geographic Region of Practice

Respondents (n=226) chose from a drop-down list the name of the geographic location where they practiced. Choices included the U.S. states and territories and a category for all other locations. Appendix J contains the number of respondents practicing in each location. Figure 6 shows a frequency distribution of the results grouped by the following U.S. geographic regions:

New England (CT, MA, ME, NH, RI, VT)
Mid-Atlantic (DE, DC, MD, NJ, NY, PA, VA, WV)
Southeastern (AL, FL, GA, KY, NC, SC, TN)
Southwestern (NM, TX, OK)
Great Lakes (IN, IL, MI, MN, OH, WI)
South Central (AR, MS, LA)
Midwestern (CO, IA, KS, MO, MT, NE, ND, SD, WY)
Western (AK, AZ, CA, HI, ID, NV, OR, UT, WA)
Other (U.S. Territories, All other locations)
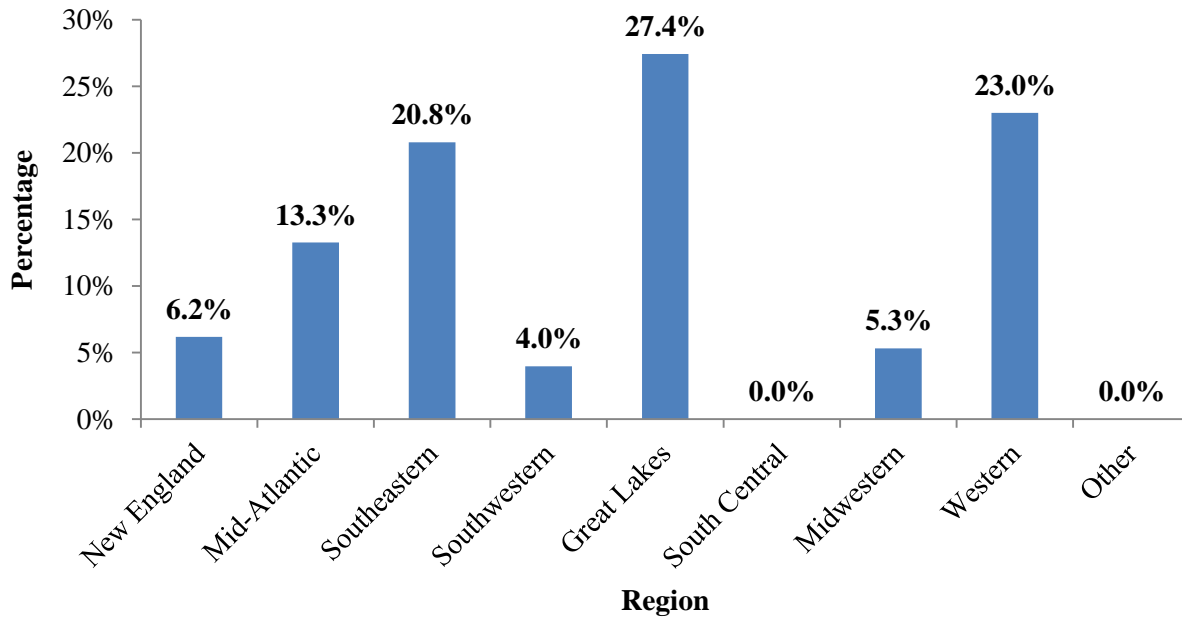
FIGURE 6. *Geographic region.*

When considering the four regions of the United States – North (New England, Mid-Atlantic), South (Southeastern, Southwestern, South Central), Midwest (Midwestern, Great Lakes), West (Western) – each area is represented (19.5%, 24.8%, 32.7%, and 23.0% respectively).

Nursing Specialties

Respondents were provided with a list of 16 nursing specialties and asked to select the ones in which they worked. They were also given the opportunity to provide other specialties if they worked in specialties that were not listed. As can be seen in Figure 7, respondents worked in many different specialties with acute care (39.1%) and medical-surgical (36.0%) having the most representation. Since respondents were allowed to select multiple specialties, percentages do not sum to 100. See Appendix K for a list of other specialties where respondents worked.

In which nursing specialties do you work? (Select all that apply)

List: *Acute Care*   *Medical-Surgical*
                 Adult Health   *Neuroscience*
                 Ambulatory Care   *Oncology*
                 Cardiovascular   *Pediatrics*
                 Critical care   *Psychiatric & Mental Health*
                 Diabetes Management   *Public Health*
                 Emergency   *Neonatology*
                 Gerontology   *Other (please specify)*
                 Informatics
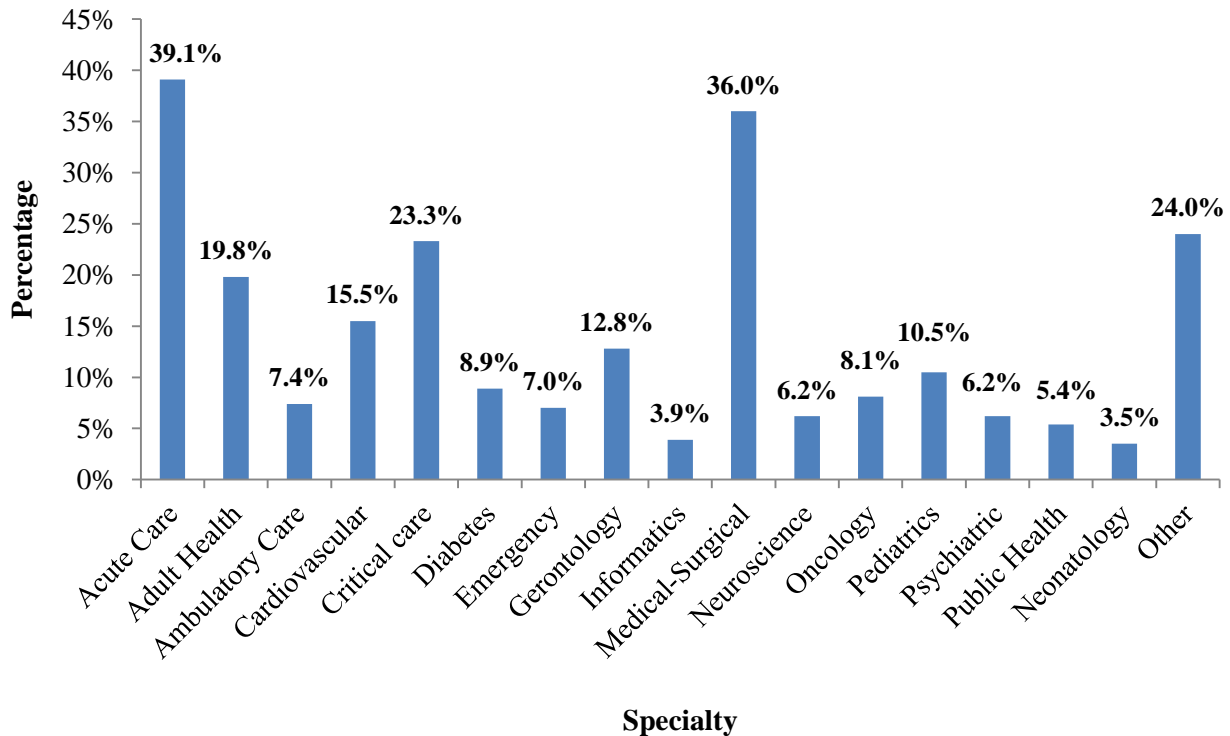
FIGURE 7. *Nursing specialties.*

Employer Incentives for the CNL Role

More than a third of respondents (35.7%) indicated that their employer provided no support for the CNL role. Figure 8 indicates that a variety of incentives are offered by respondents' employers in support of the CNL role, with employment as a CNL (37.2%) being the most common incentive. Other popular incentives offered by employers were exam fee reimbursement (24.0%), an hourly wage or salary increase (24.8%), and continuing education funding (27.1%). Appendix L contains a list of other incentives offered by employers.

> *Does your employer support the CNL role by providing any of the following incentives? (Select all that apply)*
>
> *Drop-down list:*   *None*
>   *Employment as CNL*
>   *One-time bonus*
>   *Reimburses exam fee*
>   *Reimburses recertification fee*
>   *Increase in hourly wage or salary*
>   *Provides continuing education funding*
>   *Other (please specify)*
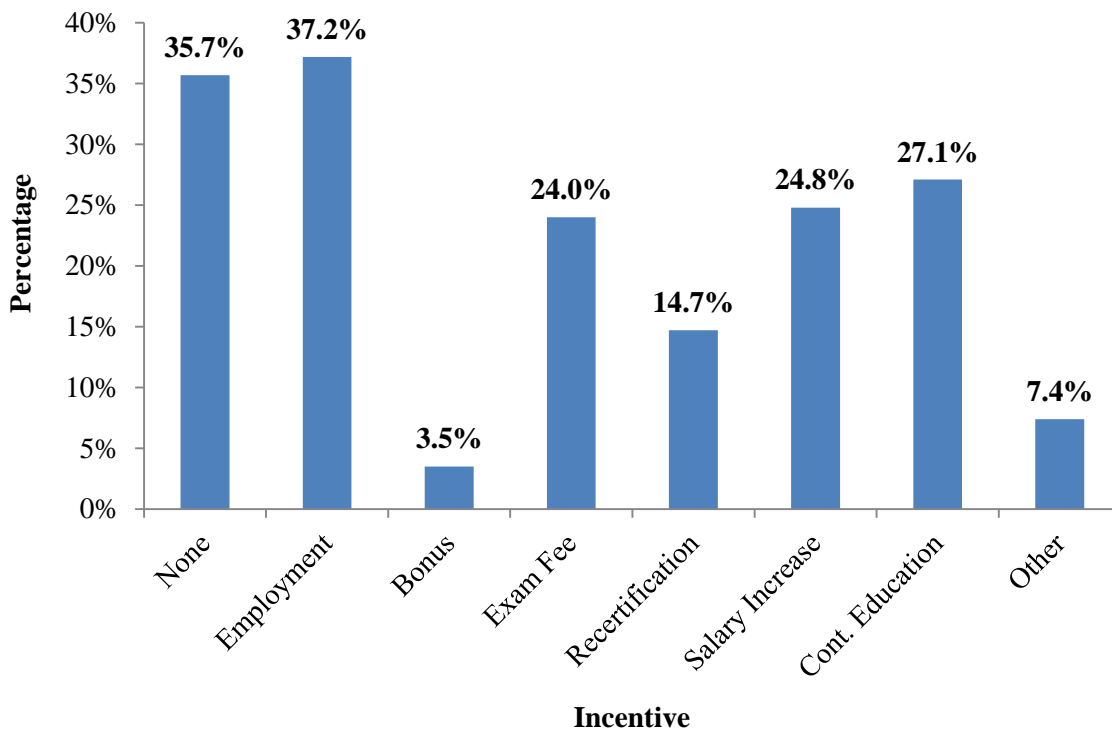
FIGURE 8. *Employer incentives.*

Age

Respondents' ages were varied, with the largest subgroup being in their 50s (32.8%). Approximately half of the sample were in their 30s or 40s (22.0% and 23.6%, respectively).

OPTIONAL: What is your age?

Drop-down list: *20s*
                                30s
                                40s
                                50s
                                60s
                                70s or above
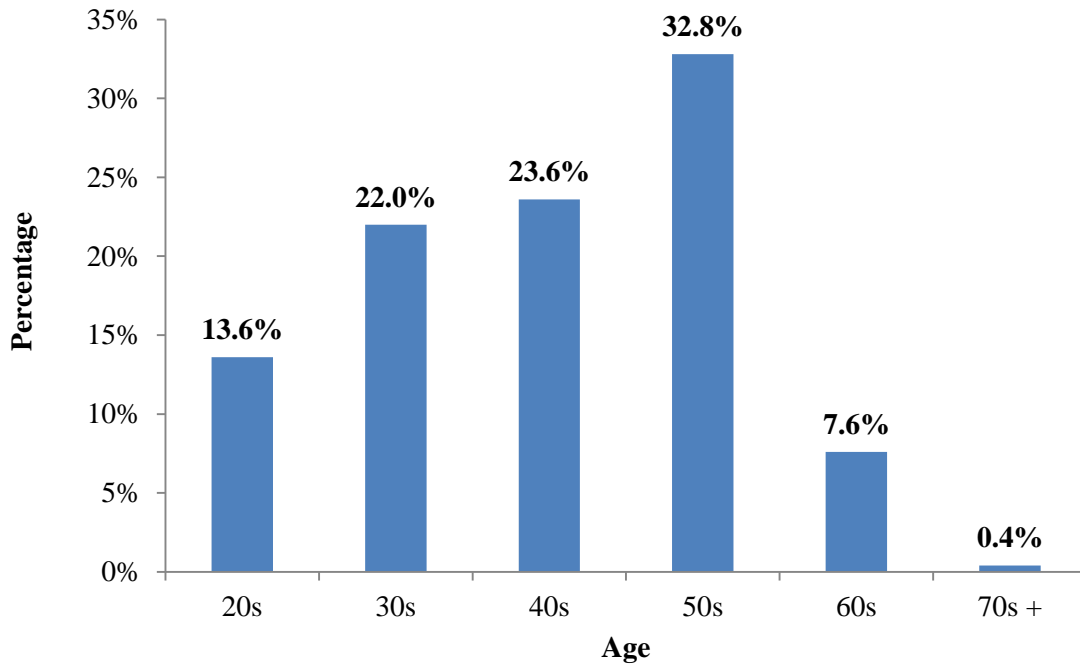
FIGURE 9. *Age ranges of survey respondents.*

Gender

Of the respondents who chose to provide their gender (n=243), the majority were female (93.0%). This question was optional.

Ethnicity

Respondents were asked to provide their racial and ethnic background as categorized by the most recent U.S. Census. The majority of respondents were White (89.9%). See Figure 10.

> *OPTIONAL: Which of the following best describes your racial/ethnic background? (Select all that apply)*

> *Drop-down list:*   *American Indian or Alaska Native*
> *Asian*
> *Black or African American*
> *Native Hawaiian or other Pacific Islander*
> *White*
> *Hispanic or Latino*
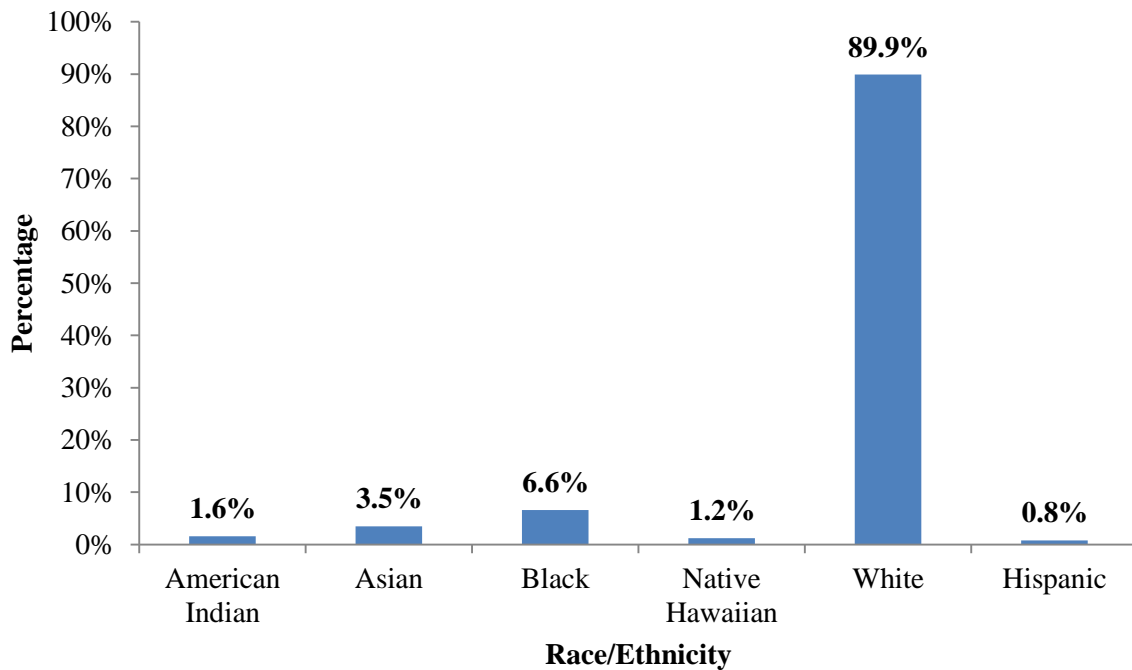
FIGURE 10. *Racial and ethnic backgrounds of survey respondents.*

Frequency and Importance Ratings

After answering the demographic questions, respondents were asked to provide a rating of how important each task or KSA is for competent practice as a CNL. The importance scale ranged from 1–5 with a "1" indicating the task was "Of No Importance" and a "5" indicating the task was "Extremely Important." Respondents rated tasks they did not perform as a "0."[2] Appendices M – O contain the tasks and KSAs, the number of respondents who provided an importance rating, the average importance rating, and the standard error associated with the average. Appendix M presents the tasks and KSAs in survey order, Appendix N presents them in order of least to most performed, and Appendix O presents them from lowest to highest importance rating.

The least performed task was IIID11, "Care Environment Management: Healthcare Policy: Participates in political processes and grass roots legislative efforts to influence healthcare policy on behalf of clients and the profession," with more than a quarter of respondents (25.2%) indicating they do not perform it. Three other tasks had a non-performance rate greater than 20%: "Clinical Outcomes Management: Knowledge Management: Participates in planning for disaster management and mass casualty incidents" (IIB5, 22.9%), "Clinical Outcomes Management: Health Promotion and Disease Prevention Management: Initiates community partnerships to establish health promotion goals and implement strategies to meet those goals" (IIC10, 21.7%), and "Nursing Leadership: Healthcare Advocacy: Initiates community partnerships to identify health disparities and establish health promotion goals" (IC1, 20.2%).

There were only 11 tasks which had an average importance rating less than 4 ("Very Important"). The three least important tasks were also three of the least performed tasks; IIB5, IIID11, and IC1 had average importance ratings of 3.75, 3.77, and 3.80, respectively. Five of the 11 tasks were in domain III "Care Environment Management" and subdomain D "Healthcare Policy."

In addition to importance ratings for the entire sample, averages were also calculated for various subgroups of respondents. This allowed for statistical comparisons among subgroups that should be considered when determining the exam blueprint. Appendices P – T contain the average importance ratings of the task elements by various subgroups. Statistical differences among the groups were calculated. Significant differences at the $p=0.05$ and $p=0.01$ levels are noted with an asterisk (*) and double-asterisks (**), respectively. All task elements that had significant differences appear at the beginning of each table, followed by the remaining tasks in survey order.

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[2] Although respondents rated non-performed tasks as a zero, these values were recoded as missing data for the analyses so they did not skew the importance ratings.

Average Importance Ratings by Job Role

Appendix P compares the average importance ratings by respondents who currently work in the CNL role to the average importance ratings by respondents who work in a different role. There were only nine significant differences between the two subgroups, and for eight of those differences the respondents working as a CNL rated the task as more important than the respondents not working as a CNL. In all nine instances, both subgroups had an average importance rating above "Very Important," indicating that the differences were significant but not important.

Average Importance Ratings by Job Title

Appendix Q compares the average importance ratings by respondents who have a CNL title at work to the average importance ratings by respondents who have a different work title. There were six significant differences between the two subgroups, and the four largest differences were for tasks which the respondents with the CNL work title felt were less important than the respondents with a non-CNL work title did. Although these differences were significant, the lowest importance rating among the six tasks was 3.59, indicating that they are still important to both subgroups.

Average Importance Ratings by Practice Setting

Appendix R compares the average importance ratings by respondents who work in acute care inpatient to the average importance ratings by respondents who work in a different setting. There were 26 significant differences between the subgroups, with the majority (23) being tasks which were rated, on average, as less important by respondents in acute care than by respondents practicing in other settings. Although these differences were significant, the lowest importance rating among the six tasks was 3.56, indicating that they are still important to both subgroups.

Average Importance Ratings by Geographic Region

Appendix S includes the average importance ratings of tasks and KSAs by respondents' geographic region of practice. The groups compared are those respondents working in the (1) Northern, (2) Southern, (3) Midwestern, and (4) Western regions of the United States. (See "Geographic Region of Practice" in the "Demographic Results" section for state grouping into the four categories.) The differences among the average ratings of each group also appear in the appendix. There were seven significant differences between subgroups on five of the task elements; however, the lowest importance rating was 3.91 for these five tasks, indicating that all subgroups found the tasks important.

Average Importance Ratings by Years of Experience

Appendix T includes the average importance ratings of tasks and KSAs by respondents' years of experience in the nursing field. The groups compared are those respondents with (1) 0 – 5, (2) 6 – 15, (3) 16 – 25, and (4) 26 or more years of experience in the field. The differences among the average ratings of each group also appear in the appendix.

The majority of the significant differences (124 of 134) occurred between respondents with five or fewer years of experience and the more experienced respondent subgroups. There were 21 significant differences between (1) and (2), 44 significant differences between (1) and (3), and 59 significant differences between (1) and (4), indicating that the larger the gap in years of experience, the greater the number of significant differences. With few exceptions, the respondents with less experience found the task elements less important on average than the more experienced respondents; however, although these differences were significant, they were not important differences. The lowest importance rating among the significant differences was 3.72, which is closer to "Very Important" than "Moderately Important," indicating that the tasks are still important to all subgroups.

Finalization of the CNL Content Outline

On August 29, 2011, a SME committee (see Appendix A) convened via conference call and webinar to review the results of the survey to finalize the CNL content outline. The SMEs first introduced themselves, and then they were given an overview regarding the purpose of the meeting. The SMEs were asked in advance of the meeting to review Appendix F to determine whether respondents suggested any tasks or KSAs for the content outline which had been omitted from the survey.

The committee was presented with the survey adequacy and response rate information, demographic results, and then the analyses of the survey data. As a group they reviewed appendices N–T, and made decision rules for deleting tasks from the content outline based upon mean importance and frequency ratings.

> *Rule 1: Frequency of Non-Performance:* Any task or KSA with a non-performance rating greater than 20% was eliminated from the content outline.

Applying Rule 1 resulted in the deletion of three tasks from the content outline. Task IC1: "Nursing Leadership: Healthcare Advocacy: Initiates community partnerships to identify health disparities and establish health promotion goals;" task IIB5: "Clinical Outcomes Management: Knowledge Management: Participates in planning for disaster management and mass casualty incidents;" and task IIC10: "Clinical Outcomes Management: Health Promotion and Disease Prevention Management: Initiates community partnerships to establish health promotion goals and implement strategies to meet those goals" were all removed from the content outline after applying this rule. However, task IIID11: "Care Environment Management: Healthcare Policy: Participates in political processes and grass roots legislative efforts to influence healthcare policy on behalf of clients and the profession," remained on the content outline despite having the highest non-performance rating due to consensus from the meeting participants on the importance of this task to competent practice as a CNL.

> *Rule 2: Importance of Tasks:* Any task or KSA with an average importance rating less than 3.5 (halfway between "Moderately Important" and "Very Important") was eliminated from the content outline.

No tasks or KSAs were removed from the content outline based upon the application of Rule 2, as the lowest mean importance rating was 3.75. The committee decided to also apply Rule 2 to the results from the subgroup analyses. If the average of a task's importance rating by any group was lower than 3.5, that task would be removed from the content outline. No tasks or KSAs were removed from the content outline based upon the application of this rule to the subgroup analyses.

The committee discussed the contents of Appendix F during the conference call, and decided that all respondent suggestions were covered. Table V-1 in Appendix V contains the final content outline for the CNL examination program as determined during the conference call.

CNL Examination Blueprint

The final activity for the conference call was to set the subdomain weights for the new CNL examination blueprint. The committee used three sources of information to determine these weights.

Respondents' Allocation

Survey respondents were asked to allocate percentages to the different subdomains of the CNL content outline, reflecting what percentage of examination questions should be assigned to each domain. Respondents were required to provide percentages for the 17 subdomains that summed to 100%. Table 2 contains descriptive statistics of respondent percentages.

TABLE 2

Descriptive Statistics of Respondents' Subdomain Weights

Subdomain	Min	Max	Mean
Horizontal Leadership	0	20	5.79
Interdisciplinary Communication and Collaboration Skills	0	30	8.15
Healthcare Advocacy	0	11	4.89
Integration of the CNL Role	0	20	6.64
Lateral Integration of Care Services	0	15	6.13
Illness and Disease Management	0	30	6.45
Knowledge Management	0	15	5.14
Health Promotion and Disease Prevention Management	0	20	5.96
Evidence-Based Practice	0	40	9.20
Advanced Clinical Assessment	0	15	5.99
Team Coordination	0	25	6.37
Healthcare Finance and Economics	0	10	4.07
Healthcare Systems	0	10	4.53
Healthcare Policy	0	15	3.60
Quality Improvement	0	35	7.71
Healthcare Informatics	0	20	4.29
Ethics	0	84	5.10

Empirical Survey Data

Table U-1 in Appendix U contains subdomain weights derived from the survey results. The number of tasks and the respondents' importance ratings of those tasks were used to calculate these weights. This methodology takes into account not only the perceived importance of each domain, but also how much content each domain covers.

SMEs' Judgments

The SMEs on the conference call each independently assigned weights to the subdomains according to their expert judgment of the relative importance of each subdomain to competent practice. Each SME's ratings can be found in Table U-2 in Appendix U.

Determining Subdomain Weights

In almost every subdomain the three sources of information produced very similar weights. Using all available information, the committee finalized the subdomain weights for the CNL examination blueprint (Table 3).

TABLE 3

Subdomain Weights for the CNL Examination Blueprint

Subdomain	Weight (%)
Horizontal Leadership	7
Interdisciplinary Communication and Collaboration Skills	7
Healthcare Advocacy	5
Integration of the CNL Role	8
Lateral Integration of Care Services	6
Illness and Disease Management	7
Knowledge Management	5
Health Promotion and Disease Prevention Management	5
Evidence-Based Practice	8
Advanced Clinical Assessment	5
Team Coordination	6
Healthcare Finance and Economics	5
Healthcare Systems	5
Healthcare Policy	4
Quality Improvement	6
Healthcare Informatics	4
Ethics	7

Appendix A: CNC CNL Job Analysis Participants

Note: Demographic Worksheets and Affidavits of CNC CNL SMEs were not provided in this report due to the confidential and private nature of these materials. This information is on file at Schroeder Measurement Technologies, Inc.

TABLE A-1
Job Analysis Participants

Name	Location	Years of Experience[1]	Meeting Attended[2]
Joanne Rushing	Fort Worth, TX	2	N/A
Karen DeLong	Bloomington, IL	2	JA2
Susan Schmidt	Cincinnati, OH	6	N/A
Patricia Baker	San Antonio, TX	1	Both
Miriam Bender	Oceanside, CA	4	JA1
Mary Cavanaugh	West Peoria, IL	3	Both
Ann Deerhake	Lima, OH	2	Both
Bridget Graham	Grand Rapids, MI	1	Both
David Hughes	Temple, TX	2	JA1
Tamela Monroe	Tarpon Springs, FL	5	Both
Bobbi Shirley	Portland, ME	1	JA1
Lorraine Kaack	Saint Petersburg, FL	2	Both
Mary Stachowiak	Scotch Plains, NJ	3	JA1

[1] The years listed are for experience as a CNL, not in the field of nursing.
[2] JA1 = first meeting; JA2 = second meeting; Both = both meetings; N/A = provided feedback remotely

CNC Representatives:
Tracy Lofty, Director
Dana Y. Featherstone, Coordinator

SMT Representatives:
Dr. Rachael Jin Bee Tan, Psychometric Program Director
Rachel Araujo, Test Development Specialist

Appendix B: CNC CNL Online Job Analysis Survey

Welcome to the Commission on Nurse Certification (CNC) - Clinical Nurse Leader (CNL) Job Analysis survey

The purpose of this survey is to update the blueprint for the current CNL examination.

Respondents must hold the CNL certification; however, respondents do not need to be currently working in the CNL role.

[Next]

Have questions? Click here for our Frequently Asked Questions page.

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This survey should take approximately 30-45 minutes to complete.

You may revisit your survey record at any time during the survey administration period of **June 13 through July 31, 2011.**

There are three sections in this survey:

Section 1: Demographic Questions: Demographic questions help us develop a profile of you as a CNL and the environment in which you practice.

Section 2: Job Domains: This section lists tasks and knowledge elements performed or used by a CNL in their work. This list of tasks and knowledge elements was developed by a diverse group of clinical nurse leaders. You are asked to indicate if you perform each task or make use of each knowledge element in your practice and to assign an importance rating to it.

Section 3: Post-Survey Questionnaire: In this section, you are asked to assign weight to each job subdomain and are provided the opportunity to specify any tasks or knowledge elements you feel may have been overlooked in this survey.

On the last page you will have the opportunity to enter into a drawing for free conference registration to attend the 2012 CNL Summit and Research Symposium!

All responses are strictly confidential. E-mail addresses will not be used for any reason other than those clearly expressed in this survey. Please answer ALL items and sections completely. If you have any technical problems associated with taking the survey, please contact Schroeder Measurement Technologies (SMT) at (727) 738-8727 extension 2172 from 8:00 AM to 4:30 PM (EST), Monday - Friday, or contact by e-mail at SMTSurveySupport@SMTTest.com.

Before starting the survey, you must be assigned an Access Code. You will need this Access Code if you wish to return to the survey in the future. If this is your first time accessing the survey, enter your e-mail address in the box provided for "New Users," then click the "Submit" button. Your access code will display. Write it down for reference in case you are interrupted before completing the survey, or if you wish to reenter at any time. (If so, use the e-mail address box for "Returning Users.")

New Users   Email Address: [   ]   Submit

Returning Users   Email Address: [   ]
                      Access Code: [   ]   Submit

Forgot your Access Code?

Have questions?   Click here for our Frequently Asked Questions page.

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Section 1: Demographic Questions:

Presented below are the general demographic questions used to help evaluate the role of the CNL. This basic demographic information is standard for the survey procedure. Factors such as age, years of experience, geographic region, and practice setting are regularly grouped and analyzed as a part of a rigorous sample validation process.

Please select the most appropriate response for each of the following background questions. These questions are designed to better define the CNL. As a result, some questions will be cross-tabulated and statistically analyzed. **ALL demographic information is collected by SMT and is confidential.**

1. Do you presently hold the CNL certification?

   ○ Yes
   ○ No

2. How many years have you worked in the nursing field?

   [   ]

3. How many years have you been a CNL?

   [   ]

4. Are you currently working in the CNL role?

   ○ Yes
   ○ No

5. Which of the following best describes your job title?

   [<< Select Value >>   ▾]

6. What is your primary work setting?

   [<< Select Value >>   ▾]

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Section 1: Demographic Questions (contd.):

7. In which state/province do you **PRIMARILY** work?

    << Select Value >> ▼

8. In which nursing specialties do you work? (Select all that apply)

    ☐ Acute Care
    ☐ Adult Health
    ☐ Ambulatory Care
    ☐ Cardiovascular
    ☐ Critical care
    ☐ Diabetes Management
    ☐ Emergency
    ☐ Gerontology
    ☐ Informatics
    ☐ Medical-Surgical
    ☐ Neuroscience
    ☐ Oncology
    ☐ Pediatrics
    ☐ Psychiatric & Mental Health
    ☐ Public Health
    ☐ Neonatology
    ☐ Other (please specify)

9. Does your employer support the CNL role by providing any of the following incentives?

    ☐ None
    ☐ Employment as CNL
    ☐ One-time bonus
    ☐ Reimburses exam fee
    ☐ Reimburses recertification fee
    ☐ Increase in hourly wage or salary
    ☐ Provides continuing education funding
    ☐ Other (please specify)

10. **OPTIONAL:** What is your age?

    << Select Value >> ▼

11. **OPTIONAL:** What is your gender?

    ○ Male
    ○ Female

12. **OPTIONAL:** Which of the following best describes your racial/ethnic background? (Select all that apply)

    ☐ American Indian or Alaska Native
    ☐ Asian
    ☐ Black or African American
    ☐ Native Hawaiian or other Pacific Islander
    ☐ White
    ☐ Hispanic or Latino

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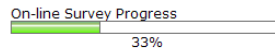
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Section 2: Job Domains:

This section lists tasks and knowledge elements performed or used by clinical nurse leaders in their work. This list of tasks and knowledge elements was developed by a diverse group of CNL certificate holders who are subject matter experts in the field. You are asked to indicate if you have performed or applied each task or knowledge element in *your* practice and to assign an importance rating to it.

Rating Scale

How important is this task or knowledge element to the practice of a CNL? Rate each task or knowledge element using the scale provided from "Of No Importance" to "Extremely Important." Please select "Not Performed / Not Applied" for tasks and knowledge elements you have never performed or applied as a CNL.

IMPORTANCE	
0	Not Performed / Not Applied
1	Of No Importance
2	Of Little Importance
3	Moderately Important
4	Very Important
5	Extremely Important

Activities	0 Not Performed / Not Applied	1 Of No Importance	2 Of Little Importance	3 Moderately Important	4 Very Important	5 Extremely Important
Domain I: Nursing Leadership						
A. Horizontal Leadership						
1. Applies theories and models (e.g., Nursing, Leadership, Complexity, Change) to practice	●	○	○	○	○	○
2. Applies evidence-based practice to make clinical decisions and assess outcomes	●	○	○	○	○	○
3. Understands microsystem functions and assumes accountability for healthcare outcomes	●	○	○	○	○	○
4. Designs, coordinates, and evaluates plans of care at an advanced level in conjunction with interdisciplinary team	●	○	○	○	○	○
5. Utilizes peer feedback for evaluation of self and others	●	○	○	○	○	○
6. Serves as a lateral integrator of the interdisciplinary health team	●	○	○	○	○	○
7. Leads group processes to meet care objectives	●	○	○	○	○	○
8. Coaches and mentors healthcare team serving as a role model	●	○	○	○	○	○
9. Utilizes an evidence-based approach to meet specific needs of individuals, clinical populations, or communities within the microsystem	●	○	○	○	○	○
10. Assumes responsibility for creating a culture of safe and ethical care	●	○	○	○	○	○
11. Provides leadership for changing practice based on quality improvement methods and research findings	●	○	○	○	○	○
B. Interdisciplinary Communication and Collaboration Skills						
1. Establishes and maintains working relationships within an interdisciplinary team	●	○	○	○	○	○
2. Bases clinical decisions on multiple perspectives including the client and/or family preferences	●	○	○	○	○	○
3. Negotiates in group interactions, particularly in task-oriented, convergent, and divergent group situations	●	○	○	○	○	○
4. Develops a therapeutic alliance with the client as an advanced generalist	●	○	○	○	○	○
5. Communicates with diverse groups and disciplines using a variety of strategies	●	○	○	○	○	○
6. Facilitates group processes to meet care objectives	●	○	○	○	○	○
7. Integrates concepts from behavioral, biological, and natural sciences in order to understand self and others	●	○	○	○	○	○
8. Interprets quantitative and qualitative data for the interdisciplinary team	●	○	○	○	○	○
9. Uses a scientific process as a basis for developing, implementing, and evaluating nursing interventions	●	○	○	○	○	○
10. Synthesizes information and knowledge as a key component of critical thinking and decision making	●	○	○	○	○	○
11. Bridges cultural and linguistic barriers	●	○	○	○	○	○
12. Understands clients' values and beliefs	●	○	○	○	○	○ (Very Important)
13. Completes documentation as it relates to client care	●	○	○	○	○	○
14. Understands the roles of interdisciplinary team members	●	○	○	○	○	○
15. Participates in conflict resolution within the healthcare team	●	○	○	○	○	○
16. Promotes a culture of accountability	●	○	○	○	○	○
	Not Performed / Not Applied	Of No Importance	Of Little Importance	Moderately Important	Very Important	Extremely Important
C. Healthcare Advocacy						
1. Initiates community partnerships to identify health disparities and establish health promotion goals	●	○	○	○	○	○
2. Interfaces between the client and the healthcare delivery system to protect the rights of clients	●	○	○	○	○	○
3. Ensures that clients, families and communities are well informed and engaged in their plan of care	●	○	○	○	○	○
4. Ensures that the system meets the needs of the populations served and is culturally relevant	●	○	○	○	○	○
5. Articulates healthcare issues and concerns to officials and consumers	●	○	○	○	○	○
6. Assists consumers in informed decision-making by interpreting healthcare research	●	○	○	○	○	○
7. Serves as a client advocate on health issues	●	○	○	○	○	○
8. Utilizes chain of command to influence care	●	○	○	○	○	○
9. Promotes fairness and non-discrimination in the delivery of care	●	○	○	○	○	○
10. Advocates for improvement in the health care system and the nursing profession	●	○	○	○	○	○

D. Integration of the CNL Role

	Not Performed / Not Applied	Of No Importance	Of Little Importance	Moderately Important	Very Important	Extremely Important
1. Articulates the significance of the CNL role	●	○	○	○	○	○
2. Advocates for the CNL role	●	○	○	○	○	○
3. Assumes responsibility of own professional identity and practice	●	○	○	○	○	○
4. Maintains and enhances professional competencies	●	○	○	○	○	○
5. Assumes responsibility for lifelong learning and accountability for current practice and health care information and skills	●	○	○	○	○	○
6. Advocates for professional standards of practice using organizational and political processes	●	○	○	○	○	○
7. Understands the history, philosophy, and responsibilities of the nursing profession as it relates to the CNL	●	○	○	○	○	○
8. Understands scope of practice and adheres to licensure law and regulations	●	○	○	○	○	○
9. Articulates to the public the values of the profession as they relate to client welfare	●	○	○	○	○	○
10. Negotiates and advocates for the role of the professional nurse as a member of the interdisciplinary health care team	●	○	○	○	○	○
11. Develops personal goals for professional development and continuing education	●	○	○	○	○	○
12. Understands and supports agendas that enhance both high quality, cost-effective health care and the advancement of the profession	●	○	○	○	○	○
13. Supports and mentors individuals entering into and training for professional nursing practice	●	○	○	○	○	○
14. Publishes and presents CNL impact and outcomes	●	○	○	○	○	○
15. Generates nursing research	●	○	○	○	○	○

E. Lateral Integration of Care Services

	Not Performed / Not Applied	Of No Importance	Of Little Importance	Moderately Important	Very Important	Extremely Important
1. Delivers and coordinates care using current technology	●	○	○	○	○	○
2. Coordinates the healthcare of clients across settings	●	○	○	○	○	○
3. Develops and monitors holistic plans of care	●	○	○	○	○	○
4. Fosters a multidisciplinary approach to attain health and maintain wellness	●	○	○	○	○	○
5. Performs risk analysis for client safety	●	○	○	○	○	○
6. Collaborates and consults with other health professionals in the design, coordination, and evaluation of client care outcomes	●	○	○	○	○	○
7. Disseminates healthcare information to healthcare providers and other disciplines	●	○	○	○	○	○

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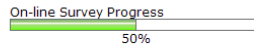
Section 2: Job Domains (continued):

How important is this task or knowledge element to the practice of a CNL? Rate each task or knowledge element using the scale provided from "Of No Importance" to "Extremely Important." Please select "Not Performed / Not Applied" for tasks and knowledge elements you have never performed or applied as a CNL.

IMPORTANCE	
0	Not Performed / Not Applied
1	Of No Importance
2	Of Little Importance
3	Moderately Important
4	Very Important
5	Extremely Important

Activities	0 Not Performed / Not Applied	1 Of No Importance	2 Of Little Importance	3 Moderately Important	4 Very Important	5 Extremely Important
Domain II: Clinical Outcomes Management						
A. Illness and Disease Management						
1. Assumes responsibility for the provision and management of care at the point of care in and across all environments	●	○	○	○	○	○
2. Coordinates care at the point of service to individuals across the lifespan with particular emphasis on health promotion and risk reduction services	●	○	○	○	○	○
3. Identifies client problems that require intervention, with special focus on those problems amenable to nursing intervention	●	○	○	○	○	○
4. Designs and redesigns client care based on analysis of outcomes and evidence-based knowledge	●	○	○	○	○	○
5. Completes holistic assessments and directs care based on assessments	●	○	○	○	○	○
6. Applies theories of chronic illness care to clients and families	●	○	○	○	○	○
7. Integrates community resources, social networks, and decision support mechanisms into care management	●	○	○	○	○	○
8. Identifies patterns of illness symptoms and effects on clients' compliance and on-going care	●	○	○	○	○	○
9. Educates clients, families, and care givers to monitor symptoms and take action	●	○	○	○	○	○
10. Utilizes advanced knowledge of pathophysiology and pharmacology to anticipate illness progression, response to therapy, and to educate clients and families regarding care	●	○	○	○	○	○
11. Applies knowledge of reimbursement issues in planning care across the lifespan	●	○	○	○	○	○
12. Makes recommendations regarding readiness for discharge, having accurately assessed the client's level of health literacy and self-management	●	○	○	○	○	○
13. Applies research-based knowledge from nursing and the sciences as the foundation for evidence-based practice	●	○	○	○	○	○
14. Develops and facilitates evidence-based protocols and disseminates these among the multidisciplinary team	●	○	○	○	○	○
15. Understands the role of palliative care and hospice as a disease management tool	●	○	○	○	○	○
16. Understands cultural relevance as it relates to healthcare	●	○	○	○	○	○
17. Educates clients about healthcare technologies using client-centered strategies	●	○	○	○	○	○
18. Synthesizes literature and research findings to design interventions for select problems	●	○	○	○	○	○
19. Monitors client satisfaction with disease action plans	●	○	○	○	○	○
20. Evaluates factors contributing to disease including genetics	●	○	○	○	○	○
21. Designs and implements education and community programs for clients and health professionals	●	○	○	○	○	○
22. Applies principles of infection control, assessment of rates, and inclusion of infection control in plan of care	●	○	○	○	○	○
23. Integrates advanced clinical assessment	●	○	○	○	○	○
	Not Performed / Not Applied	Of No Importance	Of Little Importance	Moderately Important	Very Important	Extremely Important
B. Knowledge Management						
1. Applies research-based information	●	○	○	○	○	○
2. Improves clinical and cost outcomes	●	○	○	○	○	○
3. Utilizes epidemiological methodology to collect data	●	○	○	○	○	○
4. Participates in disease surveillance	●	○	○	○	○	○
5. Participates in planning for disaster management and mass casualty incidents	●	○	○	○	○	○
6. Evaluates and anticipates risks to client safety (e.g., new technology, medications, treatment regimens)	●	○	○	○	○	○
7. Applies tools for risk analysis	●	○	○	○	○	○
8. Uses institutional and unit data to compare against national benchmarks	●	○	○	○	○	○
9. Designs and implements measures to modify risks	●	○	○	○	○	○
10. Addresses variations in clinical outcomes	●	○	○	○	○	○
11. Synthesizes data, information and knowledge to evaluate and achieve optimal client outcomes	●	○	○	○	○	○
12. Demonstrates accountability for processes for improvement of client outcomes	●	○	○	○	○	○
13. Evaluates effect of complementary therapies on health outcomes	●	○	○	○	○	○
C. Health Promotion and Disease Prevention Management						
1. Teaches direct care providers how to assist clients, families, and communities to be health literate and manage their own care	●	○	○	○	○	○
2. Applies research to resolve clinical problems and disseminate results	●	○	○	○	○	○
3. Engages clients in therapeutic partnerships with multidisciplinary team members	●	○	○	○	○	○
4. Applies evidence and data to identify and modify interventions to meet specific client needs	●	○	○	○	○	○
5. Counsels clients and families regarding behavior changes to achieve healthy lifestyles	●	○	○	○	○	○
6. Engages in culturally sensitive health promotion/disease prevention intervention to reduce healthcare risks in clients	●	○	○	○	○	○
7. Develops clinical and health promotion programs for individuals and groups	●	○	○	○	○	○

	Not Performed / Not Applied	Of No Importance	Of Little Importance	Moderately Important	Very Important	Extremely Important
8. Designs and implements measures to modify risk factors and promote engagement in healthy lifestyles	●	○	○	○	○	○
9. Assesses protective and predictive (e.g., lifestyle, genetic) factors that influence the health of clients	●	○	○	○	○	○
10. Initiates community partnerships to establish health promotion goals and implement strategies to meet those goals	●	○	○	○	○	○
11. Develops and monitors holistic plans of care that address the health promotion and disease prevention needs of client populations	●	○	○	○	○	○
12. Incorporates theories and research in generating teaching and support strategies to promote and preserve health and healthy lifestyles in client populations	●	○	○	○	○	○
13. Identifies strategies to optimize client's level of functioning	●	○	○	○	○	○

D. Evidence-Based Practice

	Not Performed / Not Applied	Of No Importance	Of Little Importance	Moderately Important	Very Important	Extremely Important
1. Communicates results in a collaborative manner with client and healthcare team	●	○	○	○	○	○
2. Uses measurement tools as foundation for assessments and clinical decisions	●	○	○	○	○	○
3. Applies clinical judgment and decision-making skills in designing, coordinating, implementing, and evaluating client-focused care	●	○	○	○	○	○
4. Selects sources of evidence to meet specific needs of individuals, clinical groups, or communities	●	○	○	○	○	○
5. Applies epidemiological, social, and environmental data	●	○	○	○	○	○
6. Reviews datasets to anticipate risk and evaluate care outcomes	●	○	○	○	○	○
7. Evaluates and applies information from various sources to guide client through the healthcare system	●	○	○	○	○	○
8. Interprets and applies quantitative and qualitative data	●	○	○	○	○	○
9. Utilizes current healthcare research to improve client care	●	○	○	○	○	○
10. Accesses, critiques, and analyzes information sources	●	○	○	○	○	○
11. Provides leadership for changing practice based on quality improvement methods and research findings	●	○	○	○	○	○
12. Identifies relevant outcomes and measurement strategies that will improve patient outcomes and promote cost effective care	●	○	○	○	○	○
13. Synthesizes data, information, and knowledge to evaluate and achieve optimal client outcomes	●	○	○	○	○	○

E. Advanced Clinical Assessment

	Not Performed / Not Applied	Of No Importance	Of Little Importance	Moderately Important	Very Important	Extremely Important
1. Designs, coordinates, and evaluates plans of care	●	○	○	○	○	○
2. Develops a therapeutic alliance with the client as an advanced generalist	●	○	○	○	○	○
3. Identifies client problems that require intervention, with special focus on those problems amenable to nursing intervention	●	○	○	○	○	○
4. Performs holistic assessments across the lifespan and directs care based on findings	●	○	○	○	○	○
5. Applies advanced knowledge of pathophysiology, assessment, and pharmacology	●	○	○	○	○	○
6. Applies clinical judgment and decision-making skills in designing, coordinating, implementing, and evaluating client-focused care	●	○	○	○	○	○
7. Evaluates effectiveness of pharmacological and complementary therapies	●	○	○	○	○	○

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Section 2: Job Domains (continued):

How important is this task or knowledge element to the practice of a CNL? Rate each task or knowledge element using the scale provided from "Of No Importance" to "Extremely Important." Please select "Not Performed / Not Applied" for tasks and knowledge elements you have never performed or applied as a CNL.
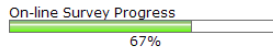
IMPORTANCE	
0	Not Performed / Not Applied
1	Of No Importance
2	Of Little Importance
3	Moderately Important
4	Very Important
5	Extremely Important

Activities	0 Not Performed / Not Applied	1 Of No Importance	2 Of Little Importance	3 Moderately Important	4 Very Important	5 Extremely Important
Domain III: Care Environment Management						
A. Team Coordination						
1. Supervises, educates, delegates, and performs nursing procedures in the context of safety	●	○	○	○	○	○
2. Demonstrates critical listening, verbal, nonverbal, and written communication skills	●	○	○	○	○	○
3. Demonstrates skills necessary to interact and collaborate with other members of the interdisciplinary healthcare team	●	○	○	○	○	○
4. Incorporates principles of lateral integration	●	○	○	○	○	○
5. Establishes and maintains working relationships within an interdisciplinary team	●	○	○	○	○	○
6. Facilitates group processes to achieve care objectives	●	○	○	○	○	○
7. Utilizes conflict resolution skills	●	○	○	○	○	○
8. Promotes a positive work environment and a culture of retention	●	○	○	○	○	○
9. Designs, coordinates, and evaluates plans of care incorporating client, family, and team member input	●	○	○	○	○	○
10. Leads gap analysis to create cohesive healthcare team	●	○	○	○	○	○
B. Healthcare Finance and Economics						
1. Identifies clinical and cost outcomes that improve safety, effectiveness, timeliness, efficiency, quality, and client-centered care	●	○	○	○	○	○
2. Serves as a steward of environmental, human, and material resources while coordinating client care	●	○	○	○	○	○
3. Anticipates risk and designs plans of care to improve outcomes	●	○	○	○	○	○
4. Develops and leverages human, environmental, and material resources	●	○	○	○	○	○
5. Demonstrates use of healthcare technologies to maximize healthcare outcomes	●	○	○	○	○	○
6. Understands the fiscal context in which practice occurs	●	○	○	○	○	○
7. Evaluates the use of products in the delivery of healthcare	●	○	○	○	○	○
8. Assumes accountability for the cost-effective and efficient use of human, environmental, and material resources within microsystems	●	○	○	○	○	○
9. Identifies and evaluates high-cost and high-volume activities	●	○	○	○	○	○
10. Applies basic business and economic principles and practices	●	○	○	○	○	○
11. Applies ethical principles regarding the delivery of healthcare in relation to healthcare financing and economics including those that may create conflicts of interest	●	○	○	○	○	○
12. Identifies the impact of healthcare financial policies and economics on the delivery of healthcare and client outcomes	●	○	○	○	○	○
13. Interprets healthcare research, particularly cost and client outcomes, to policy makers, healthcare providers, and consumers	●	○	○	○	○	○
14. Interprets the impact of both public and private reimbursement policies and mechanisms on client care decisions	●	○	○	○	○	○
15. Evaluates the effect of healthcare financing on care access and patient outcomes	●	○	○	○	○	○
	Not Performed / Not Applied	Of No Importance	Of Little Importance	Moderately Important	Very Important	Extremely Important
C. Healthcare Systems						
1. Acquires knowledge to work in groups, manage change, and systems-level dissemination of knowledge	●	○	○	○	○	○
2. Applies evidence that challenges current policies and procedures in a practice environment	●	○	○	○	○	○
3. Implements strategies that lessen healthcare disparities	●	○	○	○	○	○
4. Advocates for the improvement in the healthcare system, policies, and nursing profession	●	○	○	○	○	○
5. Applies systems thinking (i.e., theories, models) to address problems and develop solutions	●	○	○	○	○	○
6. Collaborates with other healthcare professionals to manage the transition of clients across the healthcare continuum ensuring patient safety and cost-effectiveness of care	●	○	○	○	○	○
7. Utilizes quality improvement methods in evaluating individual and aggregate client care	●	○	○	○	○	○
8. Understands how healthcare delivery systems are organized and financed, and the effect on client care	●	○	○	○	○	○
9. Identifies the economic, legal, and political factors that influence healthcare delivery	●	○	○	○	○	○
D. Healthcare Policy						
1. Acknowledges multiple perspectives when analyzing healthcare policy	●	○	○	○	○	○
2. Recognizes the effect of healthcare policy on health promotion, risk reduction, and disease and injury prevention in vulnerable populations	●	○	○	○	○	○
3. Influences regulatory, legislative, and public policy in private and public arenas to promote and preserve healthy communities	●	○	○	○	○	○

	Not Performed / Not Applied	Of No Importance	Of Little Importance	Moderately Important	Very Important	Extremely Important
4. Understands the interactive nature of healthcare policy, healthcare economics, national/international health, and health outcomes	●	○	○	○	○	○
5. Accesses, critiques, and analyzes information sources	●	○	○	○	○	○
6. Incorporates standards of care and full scope of practice	●	○	○	○	○	○
7. Articulates the interaction between regulatory controls and quality control within the healthcare delivery system	●	○	○	○	○	○
8. Creates a professional ethic related to client care and health policy	●	○	○	○	○	○
9. Understands the political and regulatory processes defining healthcare delivery and systems of care	●	○	○	○	○	○
10. Evaluates local, state, and national socioeconomic and health policy issues and trends as they relate to the delivery of healthcare	●	○	○	○	○	○
11. Participates in political processes and grass roots legislative efforts to influence healthcare policy on behalf of clients and the profession	●	○	○	○	○	○
12. Understands global health care issues (e.g., immigration patterns, pandemics, access to care)	●	○	○	○	○	○
13. Understands the effect of legal and regulatory processes on nursing practice	●	○	○	○	○	○

E. Quality Improvement

	Not Performed / Not Applied	Of No Importance	Of Little Importance	Moderately Important	Very Important	Extremely Important
1. Evaluates healthcare outcomes through the acquisition of data and the questioning of inconsistencies	●	○	○	○	○	○
2. Leads the redesign of client care following root cause analysis of sentinel events	●	○	○	○	○	○
3. Gathers, analyzes, and synthesizes data related to risk reduction and patient safety	●	○	○	○	○	○
4. Analyzes systems and outcome datasets to anticipate individual client risk and improve quality care	●	○	○	○	○	○
5. Understands economies of care, cost-effectiveness, resource utilization, and affecting change in systems	●	○	○	○	○	○
6. Evaluates the environmental impact on healthcare outcomes	●	○	○	○	○	○
7. Collaborates and consults with other health professionals to design, coordinate, and evaluate client care outcomes	●	○	○	○	○	○
8. Evaluates the quality and use of products in the delivery of healthcare	●	○	○	○	○	○
9. Identifies opportunities for quality improvement and leads improvement activities utilizing evidence-based models	●	○	○	○	○	○

F. Healthcare Informatics

	Not Performed / Not Applied	Of No Importance	Of Little Importance	Moderately Important	Very Important	Extremely Important
1. Analyzes systems to identify strengths, gaps, and opportunities	●	○	○	○	○	○
2. Applies data from systems in planning and delivering care	●	○	○	○	○	○
3. Evaluates clinical information systems using select criteria	●	○	○	○	○	○
4. Incorporates ethical principles in the use of information systems	●	○	○	○	○	○
5. Evaluates impact of new technologies on clients, families, and systems	●	○	○	○	○	○
6. Assesses and evaluates the use of technology in the delivery of client care	●	○	○	○	○	○
7. Validates accuracy of consumer-provided information on health issues from the internet and other sources	●	○	○	○	○	○
8. Synthesizes healthcare information for client-specific problems	●	○	○	○	○	○
9. Refers clients to culturally-relevant health information	●	○	○	○	○	○
10. Demonstrates proficiency in the use of innovations such as the electronic record for documenting and analyzing clinical data	●	○	○	○	○	○
11. Individualizes interventions using technologies	●	○	○	○	○	○
12. Identifies and promotes an environment that safeguards the privacy and confidentiality of patients and families	●	○	○	○	○	○
13. Leads quality improvement team and engages in designing and implementing a process for improving client safety	●	○	○	○	○	○
14. Utilizes information and communication technologies to document, access, and monitor client care, advance client education, and enhance the accessibility of care	●	○	○	○	○	○
15. Aligns interdisciplinary team documentation to improve accessibility of data	●	○	○	○	○	○

G. Ethics

	Not Performed / Not Applied	Of No Importance	Of Little Importance	Moderately Important	Very Important	Extremely Important
1. Evaluates ethical decision-making from both a personal and organizational perspective and develops an understanding of how these two perspectives may create conflicts of interest	●	○	○	○	○	○
2. Applies an ethical decision-making framework to clinical situations that incorporates moral concepts, professional ethics, and law and respects diverse values and beliefs	●	○	○	○	○	○
3. Applies legal and ethical guidelines to advocate for client well-being and preferences	●	○	○	○	○	○
4. Enables clients and families to make quality-of-life and end-of-life decisions and achieve a peaceful death	●	○	○	○	○	○
5. Identifies and analyzes common ethical dilemmas and the ways in which these dilemmas impact client care	●	○	○	○	○	○
6. Identifies areas in which a personal conflict of interest may arise and propose resolutions or actions to resolve the conflict	●	○	○	○	○	○
7. Understands the purpose of an ethics committee's role in health care delivery systems	●	○	○	○	○	○

[Previous] [Next]

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CNL Clinical Nurse Leader CERTIFICATION

Section 3: Post Survey Questionnaire:

In this section you are asked to assign a percentage to each subdomain according to importance to practice. These percentages represent the weight each subdomain will receive on the CNL examination. In addition, you also have the opportunity to specify any tasks or knowledge elements you feel may have been overlooked in this survey.

Considering the relative importance of the 17 major subdomains of the Clinical Nurse Leader job area, what percentage of examination questions would you assign to each subdomain? (Sum must equal 100)

Horizontal Leadership

Interdisciplinary Communication and Collaboration Skills

Healthcare Advocacy

Integration of the CNL Role

Lateral Integration of Care Services

Illness and Disease Management

Knowledge Management

Health Promotion and Disease Prevention Management

Evidence-Based Practice

Advanced Clinical Assessment

Team Coordination

Healthcare Finance and Economics

Healthcare Systems

Healthcare Policy

Quality Improvement

Healthcare Informatics

Ethics

Total must be 100%

In the space provided below, please specify the job tasks or competencies that are important for a Clinical Nurse Leader to perform or understand but you feel were overlooked or not covered in this survey.

How well did this survey cover the important tasks performed by a Clinical Nurse Leader in his/her work?

<< Select Value >> ▼

ENTER TO WIN!

As a thank you for completing this survey, we will be holding a drawing for a **free conference registration** to attend the 2012 CNL Summit and Research Symposium, which will be held January 19 - 21, 2012, in Tampa, Florida. The winner will also receive a CNL totebag and keychain. Your name and contact e-mail will remain separate from your survey responses.

Please enter your first and last name:

Contact e-mail address:

FIGURE B-1. **Job analysis online survey**

Appendix C: Original CNC CNL Content Outline

TABLE C-1
Original CNC CNL Content Outline

Task Element	Abbreviation
I. Nursing Leadership	
A. Horizontal Leadership	
1. Applies theories and models (e.g. Nursing, Leadership, Complexity, Change) to practice	IA1
2. Applies evidence-based practice to make clinical decisions and assess outcomes	IA2
3. Understands microsystem functions and assumes accountability for healthcare outcomes	IA3
4. Designs, coordinates, and evaluates plans of care at an advanced level in conjunction with interdisciplinary team	IA4
5. Utilizes peer feedback for evaluation of self and others	IA5
6. Serves as a lateral integrator of the interdisciplinary health team	IA6
7. Leads group processes to meet care objectives	IA7
8. Coaches and mentors healthcare team serving as a role model	IA8
9. Utilizes an evidence-based approach to meet specific needs of individuals, clinical populations, or communities within the microsystem	IA9
10. Assumes responsibility for creating a culture of safe and ethical care	IA10
11. Provides leadership for changing practice based on quality improvement methods and research findings	IA11
B. Interdisciplinary Communication and Collaboration Skills	
1. Establishes and maintains working relationships within an interdisciplinary team	IB1
2. Bases clinical decisions on multiple perspectives including the client and/or family preferences	IB2
3. Negotiates in group interactions, particularly in task-oriented, convergent, and divergent group situations	IB3
4. Develops a therapeutic alliance with the client as an advanced generalist	IB4
5. Communicates with diverse groups and disciplines using a variety of strategies	IB5
6. Facilitates group processes to meet care objectives	IB6
7. Integrates concepts from behavioral, biological, and natural sciences in order to understand self and others	IB7
8. Interprets quantitative and qualitative data for the interdisciplinary team	IB8
9. Uses a scientific process as a basis for developing, implementing, and evaluating nursing interventions	IB9
10. Synthesizes information and knowledge as a key component of critical thinking and decision making	IB10
11. Bridges cultural and linguistic barriers	IB11
12. Understands clients' values and beliefs	IB12
13. Completes documentation as it relates to client care	IB13
14. Understands the roles of interdisciplinary team members	IB14

TABLE C-1
Continued

Task Element	Abbreviation
15. Participates in conflict resolution within the healthcare team	IB15
16. Promotes a culture of accountability	IB16
C. Healthcare Advocacy	
1. Initiates community partnerships to identify health disparities and establish health promotion goals	IC1
2. Interfaces between the client and the healthcare delivery system to protect the rights of clients	IC2
3. Ensures that clients, families and communities are well informed and engaged in their plan of care	IC3
4. Ensures that systems meet the needs of the populations served and is culturally relevant	IC4
5. Articulates healthcare issues and concerns to officials and consumers	IC5
6. Assists consumers in informed decision-making by interpreting healthcare research	IC6
7. Serves as a client advocate on health issues	IC7
8. Utilizes chain of command to influence care	IC8
9. Promotes fairness and non-discrimination in the delivery of care	IC9
10. Advocates for improvement in the health care system and the nursing profession	IC10
D. Integration of the CNL Role	
1. Articulates the significance of the CNL role	ID1
2. Advocates for the CNL role	ID2
3. Assumes responsibility of own professional identity and practice	ID3
4. Maintains and enhances professional competencies	ID4
5. Assumes responsibility for lifelong learning and accountability for current practice and health care information and skills	ID5
6. Advocates for professional standards of practice using organizational and political processes	ID6
7. Understands the history, philosophy, and responsibilities of the nursing profession as it relates to the CNL	ID7
8. Understands scope of practice and adheres to licensure law and regulations	ID8
9. Articulates to the public the values of the profession as they relate to client welfare	ID9
10. Negotiates and advocates for the role of the professional nurse as a member of the interdisciplinary health care team	ID10
11. Develops personal goals for professional development and continuing education	ID11
12. Understands and supports agendas that enhance both high quality, cost-effective health care and the advancement of the profession	ID12
13. Supports and mentors individuals entering into and training for professional nursing practice	ID13
14. Publishes and presents CNL impact and outcomes	ID14
15. Generates nursing research	ID15

TABLE C-1
Continued

Task Element	Abbreviation
E. Lateral Integration of Care Services	
1. Delivers and coordinates care using current technology	IE1
2. Coordinates the healthcare of clients across settings	IE2
3. Develops and monitors holistic plans of care	IE3
4. Fosters a multidisciplinary approach to attain health and maintain wellness	IE4
5. Performs risk analysis for client safety	IE5
6. Collaborates and consults with other health professionals in the design, coordination, and evaluation of client care outcomes	IE6
7. Disseminates healthcare information with healthcare providers to other disciplines	IE7
II. Clinical Outcomes Management	
A. Illness and Disease Management	
1. Assumes responsibility for the provision and management of care at the point of care in and across all environments	IIA1
2. Coordinates care at the point of service to individuals across the lifespan with particular emphasis on health promotion and risk reduction services	IIA2
3. Identifies client problems that require intervention, with special focus on those problems amenable to nursing intervention	IIA3
4. Designs and redesigns client care based on analysis of outcomes and evidence-based knowledge	IIA4
5. Completes holistic assessments and directs care based on assessments	IIA5
6. Applies theories of chronic illness care to clients and families	IIA6
7. Integrates community resources, social networks, and decision support mechanisms into care management	IIA7
8. Identifies patterns of illness symptoms and effects on clients' compliance and on-going care	IIA8
9. Educates clients, families, and care givers to monitor symptoms and take action	IIA9
10. Utilizes advanced knowledge of pathophysiology and pharmacology to anticipate illness progression, response to therapy, and to educate clients and families regarding care	IIA10
11. Applies knowledge of reimbursement issues in planning care across the lifespan	IIA11
12. Makes recommendations regarding readiness for discharge, having accurately assessed the client's level of health literacy and self-management	IIA12
13. Applies research-based knowledge from nursing and the sciences as the foundation for evidence-based practice	IIA13
14. Develops and facilitates evidence-based protocols and disseminates these among the multidisciplinary team	IIA14
15. Understands the role of palliative care and hospice as a disease management tool	IIA15
16. Understands cultural relevance as it relates to healthcare	IIA16

TABLE C-1
Continued

Task Element	Abbreviation
17. Educates clients about healthcare technologies using client-centered strategies	IIA17
18. Synthesizes literature and research findings to design interventions for select problems	IIA18
19. Monitors client satisfaction with disease action plans	IIA19
20. Evaluates factors contributing to disease including genetics	IIA20
21. Designs and implements education and community programs for clients and health professionals	IIA21
22. Applies principles of infection control, assessment of rates, and inclusion of infection control in plan of care	IIA22
23. Integrates advanced clinical assessment	IIA23
B. Knowledge Management	
1. Applies research-based information	IIB1
2. Improves clinical and cost outcomes	IIB2
3. Utilizes epidemiological methodology to collect data	IIB3
4. Participates in disease surveillance	IIB4
5. Participates in planning for disaster management and mass casualty incidents	IIB5
6. Evaluates and anticipates risks to client safety (e.g. new technology, medications, treatment regimens)	IIB6
7. Applies tools for risk analysis	IIB7
8. Uses institutional and unit data to compare against national benchmarks	IIB8
9. Designs and implements measures to modify risks	IIB9
10. Addresses variations in clinical outcomes	IIB10
11. Synthesizes data, information and knowledge to evaluate and achieve optimal client outcomes	IIB11
12. Demonstrates accountability for processes for improvement of client outcomes	IIB12
13. Evaluates effect of complementary therapies on health outcomes	IIB13
C. Health Promotion and Disease Prevention Management	
1. Teaches direct care providers how to assist clients, families, and communities to be health literate and manage their own care	IIC1
2. Applies research to resolve clinical problems and disseminate results	IIC2
3. Engages clients in therapeutic partnerships with multidisciplinary team members	IIC3
4. Applies evidence and data to identify and modify interventions to meet specific client needs	IIC4
5. Counsels clients and families regarding behavior changes to achieve healthy lifestyles	IIC5
6. Engages in culturally sensitive health promotion/disease prevention intervention to reduce healthcare risks in clients	IIC6
7. Develops clinical and health promotion programs for individuals and groups	IIC7
8. Designs and implements measures to modify risk factors and promote engagement in healthy lifestyles	IIC8

TABLE C-1
Continued

Task Element	Abbreviation
9. Assesses protective and predictive (e.g. lifestyle, genetic) factors that influence the health of clients	IIC9
10. Initiates community partnerships to establish health promotion goals and implement strategies to meet those goals	IIC10
11. Develops and monitors holistic plans of care that address the health promotion and disease prevention needs of client populations	IIC11
12. Incorporates theories and research in generating teaching and support strategies to promote and preserve health and healthy lifestyles in client populations	IIC12
13. Identifies strategies to optimize client's level of functioning	IIC13
D. Evidence-Based Practice	
1. Communicates results in a collaborative manner with client and healthcare team	IID1
2. Uses measurement tools as foundation for assessments and clinical decisions	IID2
3. Applies clinical judgment and decision-making skills in designing, coordinating, implementing, and evaluating client-focused care	IID3
4. Selects sources of evidence to meet specific needs of individuals, clinical groups, or communities	IID4
5. Applies epidemiological, social, and environmental data	IID5
6. Reviews datasets to anticipate risk and evaluate care outcomes	IID6
7. Evaluates and applies information from various sources to guide client through the healthcare system	IID7
8. Interprets and applies quantitative and qualitative data	IID8
9. Utilizes current healthcare research to improve client care	IID9
10. Accesses, critiques, and analyzes information sources	IID10
11. Provides leadership for changing practice based on quality improvement methods and research findings	IID11
12. Identifies relevant outcomes and measurement strategies that will improve patient outcomes and promote cost effective care	IID12
13. Synthesizes data, information, and knowledge to evaluate and achieve optimal client outcomes	IID13
E. Advanced Clinical Assessment	
1. Designs, coordinates, and evaluates plans of care	IIE1
2. Develops a therapeutic alliance with the client as an advanced generalist	IIE2
3. Identifies client problems that require intervention, with special focus on those problems amenable to nursing intervention	IIE3
4. Performs holistic assessments across the lifespan and directs care based on findings	IIE4
5. Applies advanced knowledge of pathophysiology, assessment, and pharmacology	IIE5
6. Applies clinical judgment and decision-making skills in designing, coordinating, implementing, and evaluating client-focused care	IIE6

TABLE C-1
Continued

Task Element	Abbreviation
7. Evaluates effectiveness of pharmacological and complementary therapies	IIE7

III. Care Environment Management

A. Team Coordination

Task Element	Abbreviation
1. Supervises, educates, delegates, and performs nursing procedures in the context of safety	IIIA1
2. Demonstrates critical listening, verbal, nonverbal, and written communication skills	IIIA2
3. Demonstrates skills necessary to interact and collaborate with other members of the interdisciplinary healthcare team	IIIA3
4. Incorporates principles of lateral integration	IIIA4
5. Establishes and maintains working relationships within an interdisciplinary team	IIIA5
6. Facilitates group processes to achieve care objectives	IIIA6
7. Utilizes conflict resolution skills	IIIA7
8. Promotes a positive work environment and a culture of retention	IIIA8
9. Designs, coordinates, and evaluates plans of care incorporating client, family, and team member input	IIIA9
10. Leads gap analysis to create cohesive healthcare team	IIIA10

B. Healthcare Finance and Economics

Task Element	Abbreviation
1. Identifies clinical and cost outcomes that improve safety, effectiveness, timeliness, efficiency, quality, and client-centered care.	IIIB1
2. Serves as a steward of environmental, human, and material resources while coordinating client care	IIIB2
3. Anticipates risk and designs plans of care to improve outcomes	IIIB3
4. Develops and leverages human, environmental, and material resources	IIIB4
5. Demonstrates use of healthcare technologies to maximize healthcare outcomes	IIIB5
6. Understands the fiscal context in which practice occurs	IIIB6
7. Evaluates the use of products in the delivery of healthcare	IIIB7
8. Assumes accountability for the cost-effective and efficient use of human, environmental, and material resources within microsystems	IIIB8
9. Identifies and evaluates high-cost and high-volume activities	IIIB9
10. Applies basic business and economic principles and practices	IIIB10
11. Applies ethical principles regarding the delivery of healthcare in relation to healthcare financing and economics including those that may create conflicts of interest	IIIB11
12. Identifies the impact of healthcare financial policies and economics on the delivery of healthcare and client outcomes	IIIB12
13. Interprets healthcare research, particularly cost and client outcomes, to policy makers, healthcare providers, and consumers	IIIB13
14. Interprets the impact of both public and private reimbursement policies and mechanisms on client care decisions	IIIB14

TABLE C-1
Continued

Task Element	Abbreviation
15. Evaluates the effect of healthcare financing on care access and patient outcomes	IIIB15
C. Healthcare Systems	
1. Acquires knowledge to work in groups, manage change, and systems-level dissemination of knowledge	IIIC1
2. Applies evidence that challenges current policies and procedures in a practice environment	IIIC2
3. Implements strategies that lessen healthcare disparities	IIIC3
4. Advocates for the improvement in the healthcare system, policies, and nursing profession	IIIC4
5. Applies systems thinking (i.e. theories, models) to address problems and develop solutions	IIIC5
6. Collaborates with other healthcare professionals to manage the transition of clients across the healthcare continuum ensuring patient safety and cost-effectiveness of care	IIIC6
7. Utilizes quality improvement methods in evaluating individual and aggregate client care	IIIC7
8. Understands how healthcare delivery systems are organized and financed, and the effect on client care	IIIC8
9. Identifies the economic, legal, and political factors that influence healthcare delivery	IIIC9
D. Healthcare Policy	
1. Acknowledges multiple perspectives when analyzing healthcare policy	IIID1
2. Recognizes the effect of healthcare policy on health promotion, risk reduction, and disease and injury prevention in vulnerable populations	IIID2
3. Influences regulatory, legislative, and public policy in private and public arenas to promote and preserve healthy communities	IIID3
4. Understands the interactive effect of health policy and healthcare economics and national and international health and health outcomes	IIID4
5. Accesses, critiques, and analyzes information sources	IIID5
6. Incorporates standards of care and full scope of practice	IIID6
7. Articulates the interaction between regulatory controls and quality control within the healthcare delivery system	IIID7
8. Creates a professional ethic related to client care and health policy	IIID8
9. Understands the political and regulatory processes defining healthcare delivery and systems of care	IIID9
10. Evaluates local, state, and national socioeconomic and health policy issues and trends as they relate to the delivery of healthcare	IIID10
11. Participates in political processes and grass roots legislative efforts to influence healthcare policy on behalf of clients and the profession	IIID11
12. Understands global health care issues (e.g. immigration patterns, pandemics, access to care)	IIID12

TABLE C-1
Continued

Task Element	Abbreviation
13. Understands the effect of legal and regulatory processes on nursing practice	IIID13
E. Quality Improvement	
1. Evaluates healthcare outcomes through the acquisition of data and the questioning of inconsistencies	IIIE1
2. Leads the redesign of client care following root cause analysis of sentinel events	IIIE2
3. Gathers, analyzes, and synthesizes data related to risk reduction and patient safety	IIIE3
4. Analyzes systems and outcome datasets to anticipate individual client risk and improve quality care	IIIE4
5. Understands economies of care, cost-effectiveness, resource utilization, and affecting change in systems	IIIE5
6. Evaluates the environmental impact on healthcare outcomes	IIIE6
7. Collaborates and consults with other health professionals to design, coordinate, and evaluate client care outcomes	IIIE7
8. Evaluates the quality and use of products in the delivery of healthcare	IIIE8
9. Identifies opportunities for quality improvement and leads improvement activities utilizing evidence-based models	IIIE9
F. Healthcare Informatics	
1. Analyzes systems to identify strengths, gaps, and opportunities	IIIF1
2. Applies data from systems in planning and delivering care	IIIF2
3. Evaluates clinical information systems using select criteria	IIIF3
4. Incorporates ethical principles in the use of information systems	IIIF4
5. Evaluates impact of new technologies on clients, families, and systems	IIIF5
6. Assesses and evaluates the use of technology in the delivery of client care	IIIF6
7. Validates accuracy of consumer-provided information on health issues from the internet and other sources	IIIF7
8. Synthesizes healthcare information for client-specific problems	IIIF8
9. Refers clients to culturally-relevant health information	IIIF9
10. Demonstrates proficiency in the use of innovations such as the electronic record for documenting and analyzing clinical data	IIIF10
11. Individualizes interventions using technologies	IIIF11
12. Identifies and promotes an environment that safeguards the privacy and confidentiality of patients and families	IIIF12
13. Leads quality improvement team and engages in designing and implementing a process for improving client safety	IIIF13
14. Utilizes information and communication technologies to document, access, and monitor client care, advance client education, and enhance the accessibility of care	IIIF14
15. Aligns interdisciplinary team documentation to improve accessibility of data	IIIF15

TABLE C-1
Continued

Task Element	Abbreviation
G. Ethics	
1. Evaluates ethical decision-making from both a personal and organizational perspective and develops an understanding of how these two perspectives may create conflicts of interest	IIIG1
2. Applies an ethical decision-making framework to clinical situations that incorporates moral concepts, professional ethics, and law and respects diverse values and beliefs	IIIG2
3. Applies legal and ethical guidelines to advocate for client well-being and preferences	IIIG3
4. Enables clients and families to make quality-of-life and end-of-life decisions and achieve a peaceful death	IIIG4
5. Identifies and analyzes common ethical dilemmas and the ways in which these dilemmas impact client care	IIIG5
6. Identifies areas in which a personal conflict of interest may arise and propose resolutions or actions to resolve the conflict	IIIG6
7. Understands the purpose of an ethics committee's role in health care delivery systems	IIIG7

Appendix D: Survey Invitation

To ensure the Clinical Nurse Leader (CNL[®]) Certification Exam reflects the current practices of a CNL, CNC is conducting a survey to determine the basic tasks, knowledge, and skills required of a CNL. The survey results will be used as part of a job analysis study and to help create a new CNL Certification Exam. **NOTE: You should still complete survey even if you do not have a Clinical Nurse Leader title.**

The survey should take approximately 30 minutes to complete. You may revisit the survey at any time during the survey administration period that ends **July 25, 2011.**

Be Eligible to Win Prizes!
Completion of the entire survey will enter you into a random drawing to receive a complimentary registration to the CNL Summit and Research Symposium (over a $400 value) scheduled January 19-21, 2012 in Miami, Florida; the winner will also receive a CNL tote bag and CNL keychain.
We look forward to your participation in the CNL Survey, which is being conducted by Schroeder Measurement Technologies (SMT) on behalf of CNC.

Survey Directions
When you are ready to complete the survey, visit
http://www.smttest.com/JobAnalysis/cnccnl/survey.aspx. Log in as a "new user." You will be provided with a unique access code and will be automatically logged into the survey. **Write down your access code** for logging in at a later time/date.

You are able to change your responses throughout the survey until the "Submit" button is clicked at the very end of the survey. Please make certain all responses are to your satisfaction before clicking "Submit."

Survey changes are saved by clicking the "Next" button on the bottom of any page. So if you plan to complete the survey at a later date, click "Next" before you exit the survey.
The survey has been designed for use with Internet Explorer. You may encounter difficulties using other browsers.

Incomplete surveys cannot be accepted. For your convenience, the survey system is designed to allow the respondent to exit the survey and return later. You may return at any time, using your unique access code in the "Returning Users" box until you click the "Submit" button. **Please remember that the survey is only available until July 25th**.

If you have any technical problems associated with taking the survey, please contact Schroeder Measurement Technologies (SMT) Technical Support at SMTSurveySupport@smttest.com or contact by phone (727) 738-8727, ext. 2172.

Tracy Lofty, MSA, CAE
Director
Commission on Nurse Certification

FIGURE D-1. *E-mail invitation to survey participants.*

Appendix E: Respondent Reasons for Survey Inadequacy

TABLE E-1
Respondent Reasons for Survey Inadequacy

Comments
It's too long and complex - less questions more focused would generate better more accurate results.
It's too long. Even though I tried, I was unable to complete it.
This is a silly degree that by itself has no application to my reality. On the other hand, the skills and abilities I obtained in getting this degree are invaluable. I think you should stop trying to sell this degree as a distinct and separate role from established nursing roles. Good leadership is important in all areas. The role of CNL is redundant. I teach for the CNL program. But we sell ourselves short by saying this has to be a separate role.

Appendix F: Respondent Suggestions for Missing Task Elements

TABLE F-1
Respondent Suggestions for Missing Task Elements

Responses
Being a mentor to those working around me.
coaching critical thinking crucial conversation
collaboration; disease management; client/staff education
Communication is Key for all collaboration across the interdisciplinary team and at leadership levels.
Competencies coping with moral distress.
Contribution of complexity science to understand the genesis of the initiative. Role of microsystems and application to clinical settings.
critical thinking skills
Data collection and analysis methods
Giving and receiving feedback; conflict resolution
Having the CNL role accepted into the healthcare field - it is an extreme challenge to have people buy into the role ESPECIALLY as a new graduate nurse
How to create transparency in the workplace.
I feel the CNL competencies/job tasks were well covered in the survey. Unfortunately, I have not had an opportunity as a "CNL" in the role to perform any. The role is in my institution but they are not hiring anymore and I have had difficulty in my area finding a role as a CNL at other institutions also. The role does not seem to have been accepted yet in the Phila PA area.
I have never been able to secure a job as a CNL as it is not really recognized in this part of the country. I believe that the CNL has a great potential to affect the current health care delivery system but it has been difficult to get "buy-in" here in Jacksonville. These values are addressed in a fragmented way and either do not exist for the patient or are being addressed by non-nurse health care employees in a hit or miss way.
I just completed certification in project management. We are often asked to lead teams which are interdisciplinary. One may have to lead up or lead down. Needed Tools for the novice. I find the domains for this job shift day to day. I pull from them all at different times so it was hard for me to say one was more important than the other. It really depends on the day and what is being worked on. Being a good communicator is very important in this role!
I think that the most important is communication skills and building collaboration between team members, especially new RNs and seasoned RNs

Responses

i think you covered it. but the CNL is the one person who connects the dots. Care today is so fragmented and no one has the "role "to see the whole picture. that is why the CNL is one of the answers to providing good healthcare.

I would liked to have identified the items performed as a CNL that are not part of the job but are expected.

Increased involvement in process improvement and project management

Integration of the CNL role-level of participation in mentoring and presenting the CNL role.

Interpersonal communication skills that will allow the CNL to communicate with other healthcare providers in such a way that they do not feel that their role is inferior to the CNL role.

Leadership skills, leadership competencies, leadership theory - likely included in Horizontal Leadership.

Leading Change

Leading Staff and being a Nurse Role Model.

Managment skills, able to perform specific skills on unit assigned, point of care mentoring to nurses

Mentorship

More management styles and how to deal with people. Communication situations.

Nothing overlooked. Important to emphasize horizontal leadership, team coordination, role integration, communication & systems/outcomes mgt. EBP, advocacy & ethics core.; ; I dont believe competencies should focus on advanced nursing skills since we are generalist, not independent practicitioners. Our expertise lies in outcomes mgt of the microsystem assigned. As professionals we need to research and improve our assessment skills for the population served. Continuing ed. is vital here.

Organizational politics Physician Nurse collaboration/communication and advocacy

overall, the survey outlined the role of the cnl as defined in the white paper. perhaps a second survey to see how many of us are working in the role would be beneficial. the end result of obtaining the certification ideally should be to work in the role of the cnl, however there are few jobs available.

Performance improvement models, Shared Governance under the Magnet Model for shared decision making. Importance of the CNL to be present on committees so that their voice is heard and the role is understood to be important and valid.

Project Managemnt Classes; Presenting data in a meaningful form.

Promotion of the role within the community.

risk management, leadership, disease management

TABLE F-1
Continued

Responses

Role- modling and mentoring nurses, how to do this

safety risk

Social marketing of the new role of the CNL to key stakeholders

Stress to the prospective student this is not an advanced practice role. There is little recognition of the role and no compensation for the certification.

team manager,clinician,advocate, collaborate with the interdisciplinary care team, educator

Teambuilding

The CNL role works well in acute care, but has not been applied to long term care.

The POLITICS of business. How to successfully play the political games within the health care industry (regardless of setting).

There are no opportunities to work as a CNL outside of the VA in the San Francisco Bay Area. What was not covered in your survey is how meaningful do I find the CNL certification to industry practice - the answer is not at all meaningful. All of the skills and abilities a CNL acquires during while obtaining this degree are used and implemented in industry to improve quality, patient outcomes, meet core measures, etc. It is that other nursing functions absorb these skills.

This survey was too lengthy to begin with. When actually performing the role there are many to satisfy and the job evolves and changes along the way.

To be an effective Clinical Nurse Leader (CNL) communication between interdisciplinary health care team members is crucial.

Working extensively with administrators at various levels

working with staff.

You covered most of the areas for CNLs. Disappointed that the demographics included faculty teaching CNLs but then the rest of the survey was only applicable to individuals working as CNLs. On the section where we had to circle everything for importance) you should have allowed Faculty to circle the items on the list that they teach and their perception of importance. Also, overall the survey was OK but there are key questions missing. I offered to help design as this is a specialty.

Appendix G: Job Roles - Other

TABLE G-1
Job Roles – Other

Response	Count
Advanced Registred Nurse Practitioner	1
Assistant Nurse Manager	1
Cardiovascular Service Line Coordinator	1
Case Management/Care Coordination/Education	1
Charge Nurse	1
Clincial Program Manager	1
Clinic Nurse Supervisor	1
clinical analyst	1
clinical educator in hospital	1
Clinical Nurse Educator	1
Clinical Shift Coordinator	1
Clinician IV OR corrdinator in a labor and delivery suite	1
CNS role	1
Education Coordinator	1
faculty and consultant/staff nurse/CNS	1
Lean specialist in a hospital setting	1
Manager wound, ostomy, continence dept in acute care. Pt care 60%	1
Metabolic Syndrome Trainer	1
nurse clinical educator	1
Nurse Clinician	1
Nurse Educator	1
Nursing Supervisor	1
Point of Care Testing Coordinator - Laboratory & Nursing Administration	1
Primary Care Lead Nurse at the VA VISN network level, Part of the Executive Leaders Team	1
Quality Improvement Coordinator	1
quality improvement specialist	1
Registered Nurse in in Medical Aesthetics with Administrative and Marketing Roles	1
rehab clinician implementing CNL roles	1
Simulation RN Educator	1
Staff Education	1

Appendix H: Job Title - Other

TABLE H-1
Job Title – Other

Response	Count
Advanced patient care facilitator/CNL	1
Advanced Patient Care Leader	1
Advanced Patient Outcomes Facilitator	1
Assistant Professor	1
Associate Professor	1
Clinic Nurse Supervisor	1
Clinical Care Partner	1
Clinical Nurse Leader Coordinator	1
clinical nurse leader- clinical informatics	1
Clinical Practice Consultant	1
CNL Consultant	1
CNO	1
CNS role	1
Coordinate, plan, implement and manage the Medical Home Initiative and the Health Promotion and Disease Prevention Program as well as other key primary care programs through out Northern, Central California and Reno Nevada	1
Domestic Engineer - aka, housewife	1
EHR Analyst	1
Instructor	2
Jointappointed Lecturer, Clinical Faculty, current ICU RN	1
Kaizen Specialist	1
Mixed charge RN plus administrative leadership team	1
not currently employed	1
Nursing Supervisor	1
outcomes research specialist	1
PICC Nurse	1
Professor, Nurse Scientist and Consultant	1
Program Developer Director Masters Degree in Science in Nursing program	1
Public Health Nurse	1
Quality analyst	1
Quality Improvement Coordinator	1

TABLE H-1
Continued

Response	Count
quality improvement specialist	1
RN, Clinical Analyst	1
RN, Clinical Supervisor	1
Sr Healthcare Consultant & Clinical Nurse Leader	1

Appendix I: Work Setting - Other

TABLE I-1
Work Setting – Other

Response	Count
cardiac cath lab	1
community health care organization headquarters	1
Critical Care	4
Diagnostic Imaging Department within a hospital	1
Emergency Department	2
Hospital Diabetes-Inpatient and outpatient	1
Inpatient High Risk Perinatal (L&D)	1
Intensive Care Inpatient	1
Laboratory testing throughout large medical - trauma center	1
Major Insurance Company	1
medicine oncology	1
Mobile Simulation Center	1
my home	1
Newborn Intensive Care Unit	1
Non profit Performance Improvement and Quality Consulting Organization	1
not employed yet	1
Not for profit private university	1
Operating Room	1
Pain and Palliative Care - acute inpatient and outpatient	1
Patient Relations/Quality Management	1
Pediatric Urgent Care	1
PreSurgical Assessment	1
psychiatric setting	1
Psychiatric/mental health hospital	1
Research	1
System Clinical Educator - setting varies across multiple settings.	1
Telephone Care Program, VA Medical Center	1
Veterans Integrated Service Network (VISN 21)	1
Wellness Center in a religious community independent living for elderly	1

Appendix J: Geographic Region of Practice

TABLE J-1
Geographic Region of Practice

State	Count	Percentage
Alabama	5	2.2%
California	36	15.9%
Colorado	1	0.4%
Connecticut	2	0.9%
District of Columbia	1	0.4%
Florida	27	11.9%
Georgia	11	4.9%
Illinois	19	8.4%
Kansas	1	0.4%
Massachusetts	5	2.2%
Maryland	5	2.2%
Maine	3	1.3%
Michigan	20	8.8%
Missouri	4	1.8%
Montana	1	0.4%
North Carolina	4	1.8%
Nebraska	2	0.9%
New Hampshire	3	1.3%
New Jersey	11	4.9%
New York	2	0.9%
Ohio	13	5.8%
Oklahoma	1	0.4%
Oregon	11	4.9%
Pennsylvania	7	3.1%
Rhode Island	1	0.4%
South Dakota	3	1.3%
Texas	8	3.5%
Utah	1	0.4%
Virginia	4	1.8%
Washington	4	1.8%
Wisconsin	10	4.4%

Appendix K: Nursing Specialties – Other

TABLE K-1
Nursing Specialties – Other

Response	Count
Acute Inpatient Rehabilitation	1
Administration	2
Burn Trauma	1
Chronic Disease Management	1
Dialysis	1
Genetics	1
High Risk Perinatal OB (L&D)	1
Home Health	1
Hospice care	2
Immunizations, STD, TB and Family Planning Clinics. Also, emergency prepardness.	1
Interventional radiology	1
Leadership & Management	1
Long Term Care Ventilator Dependent Spinal Cord Injured, ALS, and MS	1
Maternal-child	5
Nephrology	2
Nurse-Midwifery (in hospital high risk ob clinic)	1
Obstetrics	5
Operating Room	2
Orthopaedics	6
Patient Relations	1
Perioperative/Perianesthesia	1
Plastic Surgery	1
Polytrauma Rehabilitation	1
Postpartum/ labor and delivery	3
PreSurgical Assessment	1
Primary Care	1
Quality & Performance Improvement, Breast Health, Patient Centered Medical Home	1
rehabilitation	1
Risk Management	1

TABLE K-1
Continued

Response	Count
Simulation Center	2
Education & Research	10
Telmetry	1
Urgent Care	1
Wound care	1

Appendix L: Employer Incentives – Other

TABLE L-1
Employer Incentives – Other

Response	Count
Academic relationship with the University of San Francisco, we currently employ 100 masters prepared CNLs at the bedside without a formal role.	1
Allowed me to add the CNL to my business card and title without a formal role in Human Resources for it	1
CNL education	1
Employer has made a contract with a school offering a CNL program and will be sending a cohort of 20 students through the program completely funded.	1
FT employment supports 100% / Med Center has no admin support for role	1
My previous employer had employment, reimburse exam, increase wage over RN, and CE funds	1
Office space	1
Cell phone	1
Opportunities for job growth	1
Paid partial tuition	1
Paid tuition internship	1
Pays for faculty to take certification exam	1
Pays my membership fees to my CNL organization	1
Preparing them for their role	1
Supports development of CNL role	1
Tuition reimbursement	1
Yearly Certification Bonus	1

Appendix M: Task Elements Presented in Survey Order

TABLE M-1
Task Elements Presented in Survey Order

Task	Description	N	Mean	SE[a]	Not Performed
IA1	Leadership: Horizontal: Theories	244	3.99	0.06	5.4%
IA2	Leadership: Horizontal: Evidence, decisions	248	4.73	0.03	3.9%
IA3	Leadership: Horizontal: Microsystem	247	4.49	0.04	4.3%
IA4	Leadership: Horizontal: Plans of care	239	4.51	0.04	7.4%
IA5	Leadership: Horizontal: Evaluation	242	4.14	0.05	5.8%
IA6	Leadership: Horizontal: Lateral integrator	235	4.47	0.05	8.6%
IA7	Leadership: Horizontal: Group processes	237	4.37	0.04	7.4%
IA8	Leadership: Horizontal: Coaches	244	4.50	0.04	5.4%
IA9	Leadership: Horizontal: Evidence, needs	246	4.60	0.04	4.3%
IA10	Leadership: Horizontal: Ethical care	246	4.57	0.04	4.7%
IA11	Leadership: Horizontal: QI methods	243	4.57	0.04	5.4%
IB1	Leadership: Skills: Relationships	247	4.66	0.03	3.5%
IB2	Leadership: Skills: Decisions	245	4.60	0.04	3.9%
IB3	Leadership: Skills: Group interactions	241	4.27	0.05	5.1%
IB4	Leadership: Skills: Therapeutic alliance	230	4.37	0.05	8.7%
IB5	Leadership: Skills: Communicates	243	4.36	0.05	4.3%
IB6	Leadership: Skills: Group processes	238	4.29	0.05	6.3%
IB7	Leadership: Skills: Science concepts	243	4.13	0.06	4.7%
IB8	Leadership: Skills: Quant and qual data	239	4.25	0.06	6.3%
IB9	Leadership: Skills: Scientific process	243	4.33	0.05	4.3%
IB10	Leadership: Skills: Synthesizes info	245	4.53	0.04	3.5%
IB11	Leadership: Skills: Barriers	240	4.11	0.06	5.1%
IB12	Leadership: Skills: Client values	241	4.37	0.05	5.1%
IB13	Leadership: Skills: Documentation	243	4.33	0.05	4.7%
IB14	Leadership: Skills: Team members	245	4.55	0.04	3.9%
IB15	Leadership: Skills: Conflict resolution	236	4.26	0.05	6.7%
IB16	Leadership: Skills: Accountability	242	4.58	0.04	4.0%
IC1	Leadership: Advocacy: Health goals	202	3.80	0.07	20.2%
IC2	Leadership: Advocacy: Delivery system	227	4.30	0.05	10.3%
IC3	Leadership: Advocacy: Plan of care	236	4.45	0.05	6.0%
IC4	Leadership: Advocacy: Population needs	228	4.24	0.05	9.2%
IC5	Leadership: Advocacy: Healthcare issues	221	4.04	0.06	12.3%
IC6	Leadership: Advocacy: Research	225	4.13	0.06	11.1%
IC7	Leadership: Advocacy: Client advocate	239	4.41	0.05	5.2%
IC8	Leadership: Advocacy: Chain of command	241	4.38	0.05	4.4%

Task	Description	N	Mean	SE[a]	Not Performed
IC9	Leadership: Advocacy: Promote fairness	242	4.52	0.04	4.0%
IC10	Leadership: Advocacy: Improvement	243	4.51	0.04	4.0%
ID1	Leadership: Integration: Significance	232	4.43	0.05	8.7%
ID2	Leadership: Integration: Advocates	231	4.51	0.05	9.4%
ID3	Leadership: Integration: Identity	243	4.69	0.04	4.0%
ID4	Leadership: Integration: Competencies	243	4.70	0.04	4.0%
ID5	Leadership: Integration: Learning	245	4.71	0.03	3.2%
ID6	Leadership: Integration: Standards	240	4.38	0.05	5.9%
ID7	Leadership: Integration: History	240	4.25	0.06	5.9%
ID8	Leadership: Integration: Scope of practice	246	4.60	0.04	3.5%
ID9	Leadership: Integration: Value	228	4.29	0.05	9.5%
ID10	Leadership: Integration: Professional nurse	238	4.52	0.04	5.9%
ID11	Leadership: Integration: Personal goals	246	4.56	0.04	3.1%
ID12	Leadership: Integration: Agendas	243	4.54	0.04	4.7%
ID13	Leadership: Integration: Mentors	236	4.56	0.04	7.1%
ID14	Leadership: Integration: CNL Impact	203	4.10	0.07	19.8%
ID15	Leadership: Integration: Research	210	3.80	0.07	17.0%
IE1	Leadership: Lateral: Delivers	242	4.44	0.04	5.1%
IE2	Leadership: Lateral: Coordinates	231	4.42	0.05	9.1%
IE3	Leadership: Lateral: Develops	235	4.26	0.05	7.8%
IE4	Leadership: Lateral: Fosters	240	4.51	0.04	5.5%
IE5	Leadership: Lateral: Performs	228	4.36	0.06	10.6%
IE6	Leadership: Lateral: Collaborates	242	4.55	0.04	4.3%
IE7	Leadership: Lateral: Disseminates	240	4.45	0.05	5.1%
IIA1	Clinical: Illness: Responsibility	208	4.27	0.06	10.0%
IIA2	Clinical: Illness: Coordinates	208	4.28	0.06	10.3%
IIA3	Clinical: Illness: Client problems	215	4.48	0.05	6.9%
IIA4	Clinical: Illness: Client care	211	4.48	0.04	8.3%
IIA5	Clinical: Illness: Holistic Assessment	208	4.30	0.05	10.0%
IIA6	Clinical: Illness: Theories	210	4.12	0.06	9.1%
IIA7	Clinical: Illness: Resources	203	4.24	0.05	11.7%
IIA8	Clinical: Illness: Patterns	212	4.31	0.05	7.8%
IIA9	Clinical: Illness: Educates	216	4.47	0.04	6.5%
IIA10	Clinical: Illness: Pathophysiology	211	4.41	0.05	8.3%
IIA11	Clinical: Illness: Reimbursement	201	4.01	0.07	13.0%
IIA12	Clinical: Illness: Discharge	200	4.37	0.05	13.4%
IIA13	Clinical: Illness: Research	217	4.43	0.05	5.2%

Task	Description	N	Mean	SE[a]	Not Performed
IIA14	Clinical: Illness: Protocols	205	4.49	0.05	9.7%
IIA15	Clinical: Illness: Palliative care	209	4.28	0.05	9.1%
IIA16	Clinical: Illness: Cultural relevance	219	4.27	0.05	4.4%
IIA17	Clinical: Illness: Technologies	203	4.26	0.06	11.4%
IIA18	Clinical: Illness: Literature	214	4.36	0.05	7.0%
IIA19	Clinical: Illness: Client satisfaction	198	4.18	0.06	13.9%
IIA20	Clinical: Illness: Genetics	189	3.95	0.07	16.4%
IIA21	Clinical: Illness: Education programs	185	4.14	0.06	18.1%
IIA22	Clinical: Illness: Infection control	211	4.40	0.05	7.9%
IIA23	Clinical: Illness: Advanced assessment	210	4.39	0.05	8.7%
IIB1	Clinical: Knowledge: Research-based	221	4.59	0.04	4.3%
IIB2	Clinical: Knowledge: Outcomes	214	4.58	0.04	6.6%
IIB3	Clinical: Knowledge: Epidemiological	197	4.05	0.06	14.7%
IIB4	Clinical: Knowledge: Disease	190	3.92	0.07	17.4%
IIB5	Clinical: Knowledge: Disaster	178	3.75	0.08	22.9%
IIB6	Clinical: Knowledge: Client risks	212	4.34	0.05	8.2%
IIB7	Clinical: Knowledge: Risk analysis	199	4.21	0.06	13.9%
IIB8	Clinical: Knowledge: Benchmarks	208	4.45	0.05	9.2%
IIB9	Clinical: Knowledge: Modify risks	210	4.41	0.05	9.1%
IIB10	Clinical: Knowledge: Variations	211	4.44	0.05	8.3%
IIB11	Clinical: Knowledge: Synthesizes	213	4.44	0.05	7.8%
IIB12	Clinical: Knowledge: Accountability	211	4.45	0.05	7.5%
IIB13	Clinical: Knowledge: Complementary	196	4.01	0.07	14.8%
IIC1	Clinical: Prevention: Teaches	200	4.35	0.06	12.7%
IIC2	Clinical: Prevention: Research	210	4.38	0.05	8.7%
IIC3	Clinical: Prevention: Therapeutic	207	4.37	0.05	9.6%
IIC4	Clinical: Prevention: Modify interventions	207	4.45	0.05	9.6%
IIC5	Clinical: Prevention: Counsels	206	4.30	0.05	10.0%
IIC6	Clinical: Prevention: Culturally sensitive	204	4.26	0.05	10.9%
IIC7	Clinical: Prevention: Clinical programs	186	4.18	0.07	18.8%
IIC8	Clinical: Prevention: Risk factors	196	4.19	0.06	14.8%
IIC9	Clinical: Prevention: Assess factors	193	4.16	0.06	15.4%
IIC10	Clinical: Prevention: Partnerships	180	4.03	0.07	21.7%
IIC11	Clinical: Prevention: Holistic plans of care	195	4.11	0.06	15.2%
IIC12	Clinical: Prevention: Theories	202	4.17	0.06	12.2%
IIC13	Clinical: Prevention: Strategies	211	4.32	0.05	7.0%
IID1	Clinical: Evidence: Communicates results	210	4.52	0.04	8.7%

Task	Description	N	Mean	SE[a]	Not Performed
IID2	Clinical: Evidence: Measurement tools	211	4.31	0.05	8.3%
IID3	Clinical: Evidence: Clinical judgment	213	4.53	0.04	7.0%
IID4	Clinical: Evidence: Evidence	209	4.40	0.05	8.7%
IID5	Clinical: Evidence: Applies data	198	4.14	0.07	13.2%
IID6	Clinical: Evidence: Reviews datasets	195	4.32	0.06	12.6%
IID7	Clinical: Evidence: Applies information	200	4.32	0.05	11.9%
IID8	Clinical: Evidence: Interprets data	206	4.31	0.05	9.3%
IID9	Clinical: Evidence: Research	214	4.46	0.05	6.1%
IID10	Clinical: Evidence: Accesses information	213	4.38	0.05	6.6%
IID11	Clinical: Evidence: Provides leadership	207	4.55	0.04	8.8%
IID12	Clinical: Evidence: Outcomes	207	4.50	0.05	8.8%
IID13	Clinical: Evidence: Synthesizes data	208	4.50	0.04	8.4%
IIE1	Clinical: Assessment: Designs	208	4.46	0.05	8.8%
IIE2	Clinical: Assessment: Develops	204	4.41	0.06	10.5%
IIE3	Clinical: Assessment: Identifies	216	4.48	0.05	5.7%
IIE4	Clinical: Assessment: Performs	200	4.27	0.06	12.7%
IIE5	Clinical: Assessment: Pathophysiology	209	4.43	0.05	7.1%
IIE6	Clinical: Assessment: Clinical judgment	213	4.49	0.05	5.8%
IIE7	Clinical: Assessment: Evaluates	209	4.31	0.06	8.3%
IIIA1	Care: Team: Supervises	191	4.50	0.05	7.3%
IIIA2	Care: Team: Communication skills	196	4.74	0.03	4.9%
IIIA3	Care: Team: Collaborate	197	4.69	0.04	4.4%
IIIA4	Care: Team: Lateral integration	192	4.55	0.05	6.8%
IIIA5	Care: Team: Interdisciplinary team	197	4.67	0.04	4.4%
IIIA6	Care: Team: Group processes	194	4.49	0.05	5.8%
IIIA7	Care: Team: Conflict resolution	194	4.47	0.05	5.8%
IIIA8	Care: Team: Work environment	194	4.62	0.04	4.9%
IIIA9	Care: Team: Plans of care	188	4.54	0.05	8.3%
IIIA10	Care: Team: Gap analysis	169	4.28	0.06	18.0%
IIIB1	Care: Finance: Cost outcomes	190	4.48	0.05	7.8%
IIIB2	Care: Finance: Serves as steward	186	4.38	0.05	9.7%
IIIB3	Care: Finance: Anticipates risk	188	4.44	0.05	8.7%
IIIB4	Care: Finance: Leverages resources	184	4.22	0.06	10.7%
IIIB5	Care: Finance: Healthcare technologies	192	4.33	0.05	6.3%
IIIB6	Care: Finance: Fiscal context	190	4.35	0.05	7.8%
IIIB7	Care: Finance: Evaluate use of products	187	4.19	0.06	9.2%
IIIB8	Care: Finance: Resources	188	4.26	0.06	8.7%

Task	Description	N	Mean	SE[a]	Not Performed
IIIB9	Care: Finance: Evaluate activities	181	4.20	0.07	10.8%
IIIB10	Care: Finance: Business principles	189	4.07	0.07	8.3%
IIIB11	Care: Finance: Ethical principles	187	4.33	0.06	8.8%
IIIB12	Care: Finance: Financial policies	183	4.22	0.06	10.3%
IIIB13	Care: Finance: Research	175	4.22	0.06	14.6%
IIIB14	Care: Finance: Reimbursement policies	175	4.11	0.07	15.0%
IIIB15	Care: Finance: Healthcare financing	174	4.25	0.06	13.9%
IIIC1	Care: Systems: Knowledge dissemination	191	4.46	0.05	6.4%
IIIC2	Care: Systems: Evidence	190	4.38	0.05	6.9%
IIIC3	Care: Systems: Strategies	181	4.27	0.06	10.8%
IIIC4	Care: Systems: Advocates	189	4.47	0.05	7.4%
IIIC5	Care: Systems: Systems thinking	188	4.36	0.06	7.8%
IIIC6	Care: Systems: Collaborates	188	4.53	0.05	7.8%
IIIC7	Care: Systems: QI methods	191	4.41	0.05	6.4%
IIIC8	Care: Systems: Delivery systems	190	4.25	0.06	6.4%
IIIC9	Care: Systems: Economic factors	188	4.09	0.07	7.4%
IIID1	Care: Policy: Multiple perspectives	187	4.04	0.07	8.3%
IIID2	Care: Policy: Vulnerable populations	195	4.11	0.06	4.9%
IIID3	Care: Policy: Healthy communities	165	3.87	0.08	18.7%
IIID4	Care: Policy: Healthcare economics	190	3.95	0.07	7.3%
IIID5	Care: Policy: Information sources	189	4.15	0.07	7.8%
IIID6	Care: Policy: Standards of care	194	4.37	0.06	4.9%
IIID7	Care: Policy: Regulatory controls	178	4.19	0.06	11.9%
IIID8	Care: Policy: Professional ethic	192	4.28	0.06	5.9%
IIID9	Care: Policy: Political processes	186	4.05	0.07	8.8%
IIID10	Care: Policy: Socioeconomic	178	3.92	0.07	12.7%
IIID11	Care: Policy: Grass roots	151	3.77	0.09	25.2%
IIID12	Care: Policy: Global issues	182	3.85	0.07	10.3%
IIID13	Care: Policy: Legal processes	189	4.11	0.07	6.9%
IIIE1	Care: QI: Inconsistencies	188	4.46	0.05	7.8%
IIIE2	Care: QI: Root cause analysis	182	4.41	0.06	10.8%
IIIE3	Care: QI: Risk reduction	188	4.49	0.05	7.4%
IIIE4	Care: QI: Individual client risk	185	4.48	0.05	8.9%
IIIE5	Care: QI: Economies of care	187	4.36	0.06	8.3%
IIIE6	Care: QI: Environmental impact	180	4.26	0.07	10.9%
IIIE7	Care: QI: Collaborates	190	4.51	0.05	5.9%
IIIE8	Care: QI: Products	182	4.26	0.06	8.5%

Task	Description	N	Mean	SE[a]	Not Performed
IIIE9	Care: QI: Opportunities	187	4.48	0.05	7.4%
IIIF1	Care: Informatics: Analyzes	179	4.30	0.06	11.4%
IIIF2	Care: Informatics: Applies	182	4.26	0.06	9.9%
IIIF3	Care: Informatics: Evaluates	177	4.17	0.06	11.9%
IIIF4	Care: Informatics: Incorporates	184	4.30	0.06	8.5%
IIIF5	Care: Informatics: New technologies	177	4.19	0.06	11.9%
IIIF6	Care: Informatics: Use of technology	182	4.24	0.06	9.0%
IIIF7	Care: Informatics: Validates	181	4.18	0.07	10.4%
IIIF8	Care: Informatics: Synthesizes	187	4.25	0.06	7.4%
IIIF9	Care: Informatics: Culturally-relevant	184	4.18	0.06	8.9%
IIIF10	Care: Informatics: Innovations	188	4.38	0.05	6.5%
IIIF11	Care: Informatics: Interventions	183	4.24	0.06	9.4%
IIIF12	Care: Informatics: Confidentiality	192	4.39	0.06	5.0%
IIIF13	Care: Informatics: Leads team	177	4.37	0.06	11.1%
IIIF14	Care: Informatics: Communication	188	4.34	0.05	6.9%
IIIF15	Care: Informatics: Interdisciplinary team	181	4.23	0.06	10.4%
IIIG1	Care: Ethics: Conflicts of interest	191	4.38	0.06	5.4%
IIIG2	Care: Ethics: Diverse values	188	4.40	0.06	6.9%
IIIG3	Care: Ethics: Advocate	187	4.40	0.06	7.4%
IIIG4	Care: Ethics: Peaceful death	176	4.49	0.06	12.4%
IIIG5	Care: Ethics: Dilemmas	186	4.40	0.06	7.9%
IIIG6	Care: Ethics: Personal conflicts	186	4.41	0.06	7.9%
IIIG7	Care: Ethics: Committee	191	4.41	0.06	5.4%

[a] Standard error associated with the mean.

Appendix N: Task Elements Sorted by Frequency Performed

TABLE N-1

Task Elements Sorted by Frequency Performed

Task	Description	N	Mean	SE[a]	Not Performed
IIID11	Care: Policy: Grass roots	151	3.77	0.09	25.2%
IIB5	Clinical: Knowledge: Disaster	178	3.75	0.08	22.9%
IIC10	Clinical: Prevention: Partnerships	180	4.03	0.07	21.7%
IC1	Leadership: Advocacy: Health goals	202	3.80	0.07	20.2%
ID14	Leadership: Integration: CNL Impact	203	4.10	0.07	19.8%
IIC7	Clinical: Prevention: Clinical programs	186	4.18	0.07	18.8%
IIID3	Care: Policy: Healthy communities	165	3.87	0.08	18.7%
IIA21	Clinical: Illness: Education programs	185	4.14	0.06	18.1%
IIIA10	Care: Team: Gap analysis	169	4.28	0.06	18.0%
IIB4	Clinical: Knowledge: Disease	190	3.92	0.07	17.4%
ID15	Leadership: Integration: Research	210	3.80	0.07	17.0%
IIA20	Clinical: Illness: Genetics	189	3.95	0.07	16.4%
IIC9	Clinical: Prevention: Assess factors	193	4.16	0.06	15.4%
IIC11	Clinical: Prevention: Holistic plans of care	195	4.11	0.06	15.2%
IIIB14	Care: Finance: Reimbursement policies	175	4.11	0.07	15.0%
IIB13	Clinical: Knowledge: Complementary	196	4.01	0.07	14.8%
IIC8	Clinical: Prevention: Risk factors	196	4.19	0.06	14.8%
IIB3	Clinical: Knowledge: Epidemiological	197	4.05	0.06	14.7%
IIIB13	Care: Finance: Research	175	4.22	0.06	14.6%
IIA19	Clinical: Illness: Client satisfaction	198	4.18	0.06	13.9%
IIB7	Clinical: Knowledge: Risk analysis	199	4.21	0.06	13.9%
IIIB15	Care: Finance: Healthcare financing	174	4.25	0.06	13.9%
IIA12	Clinical: Illness: Discharge	200	4.37	0.05	13.4%
IID5	Clinical: Evidence: Applies data	198	4.14	0.07	13.2%
IIA11	Clinical: Illness: Reimbursement	201	4.01	0.07	13.0%
IIC1	Clinical: Prevention: Teaches	200	4.35	0.06	12.7%
IIE4	Clinical: Assessment: Performs	200	4.27	0.06	12.7%
IIID10	Care: Policy: Socioeconomic	178	3.92	0.07	12.7%
IID6	Clinical: Evidence: Reviews datasets	195	4.32	0.06	12.6%
IIIG4	Care: Ethics: Peaceful death	176	4.49	0.06	12.4%
IC5	Leadership: Advocacy: Healthcare issues	221	4.04	0.06	12.3%
IIC12	Clinical: Prevention: Theories	202	4.17	0.06	12.2%
IID7	Clinical: Evidence: Applies information	200	4.32	0.05	11.9%
IIID7	Care: Policy: Regulatory controls	178	4.19	0.06	11.9%
IIIF3	Care: Informatics: Evaluates	177	4.17	0.06	11.9%

Task	Description	N	Mean	SE[a]	Not Performed
IIIF5	Care: Informatics: New technologies	177	4.19	0.06	11.9%
IIA7	Clinical: Illness: Resources	203	4.24	0.05	11.7%
IIA17	Clinical: Illness: Technologies	203	4.26	0.06	11.4%
IIIF1	Care: Informatics: Analyzes	179	4.30	0.06	11.4%
IC6	Leadership: Advocacy: Research	225	4.13	0.06	11.1%
IIIF13	Care: Informatics: Leads team	177	4.37	0.06	11.1%
IIC6	Clinical: Prevention: Culturally sensitive	204	4.26	0.05	10.9%
IIIE6	Care: QI: Environmental impact	180	4.26	0.07	10.9%
IIIB9	Care: Finance: Evaluate activities	181	4.20	0.07	10.8%
IIIC3	Care: Systems: Strategies	181	4.27	0.06	10.8%
IIIE2	Care: QI: Root cause analysis	182	4.41	0.06	10.8%
IIIB4	Care: Finance: Leverages resources	184	4.22	0.06	10.7%
IE5	Leadership: Lateral: Performs	228	4.36	0.06	10.6%
IIE2	Clinical: Assessment: Develops	204	4.41	0.06	10.5%
IIIF7	Care: Informatics: Validates	181	4.18	0.07	10.4%
IIIF15	Care: Informatics: Interdisciplinary team	181	4.23	0.06	10.4%
IC2	Leadership: Advocacy: Delivery system	227	4.30	0.05	10.3%
IIA2	Clinical: Illness: Coordinates	208	4.28	0.06	10.3%
IIIB12	Care: Finance: Financial policies	183	4.22	0.06	10.3%
IIID12	Care: Policy: Global issues	182	3.85	0.07	10.3%
IIA1	Clinical: Illness: Responsibility	208	4.27	0.06	10.0%
IIA5	Clinical: Illness: Holistic Assessment	208	4.30	0.05	10.0%
IIC5	Clinical: Prevention: Counsels	206	4.30	0.05	10.0%
IIIF2	Care: Informatics: Applies	182	4.26	0.06	9.9%
IIA14	Clinical: Illness: Protocols	205	4.49	0.05	9.7%
IIIB2	Care: Finance: Serves as steward	186	4.38	0.05	9.7%
IIC3	Clinical: Prevention: Therapeutic	207	4.37	0.05	9.6%
IIC4	Clinical: Prevention: Modify interventions	207	4.45	0.05	9.6%
ID9	Leadership: Integration: Value	228	4.29	0.05	9.5%
ID2	Leadership: Integration: Advocates	231	4.51	0.05	9.4%
IIIF11	Care: Informatics: Interventions	183	4.24	0.06	9.4%
IID8	Clinical: Evidence: Interprets data	206	4.31	0.05	9.3%
IC4	Leadership: Advocacy: Population needs	228	4.24	0.05	9.2%
IIB8	Clinical: Knowledge: Benchmarks	208	4.45	0.05	9.2%
IIIB7	Care: Finance: Evaluate use of products	187	4.19	0.06	9.2%
IE2	Leadership: Lateral: Coordinates	231	4.42	0.05	9.1%
IIA6	Clinical: Illness: Theories	210	4.12	0.06	9.1%

Task	Description	N	Mean	SE[a]	Not Performed
IIA15	Clinical: Illness: Palliative care	209	4.28	0.05	9.1%
IIB9	Clinical: Knowledge: Modify risks	210	4.41	0.05	9.1%
IIIF6	Care: Informatics: Use of technology	182	4.24	0.06	9.0%
IIIE4	Care: QI: Individual client risk	185	4.48	0.05	8.9%
IIIF9	Care: Informatics: Culturally-relevant	184	4.18	0.06	8.9%
IID11	Clinical: Evidence: Provides leadership	207	4.55	0.04	8.8%
IID12	Clinical: Evidence: Outcomes	207	4.50	0.05	8.8%
IIE1	Clinical: Assessment: Designs	208	4.46	0.05	8.8%
IIIB11	Care: Finance: Ethical principles	187	4.33	0.06	8.8%
IIID9	Care: Policy: Political processes	186	4.05	0.07	8.8%
IB4	Leadership: Skills: Therapeutic alliance	230	4.37	0.05	8.7%
ID1	Leadership: Integration: Significance	232	4.43	0.05	8.7%
IIA23	Clinical: Illness: Advanced assessment	210	4.39	0.05	8.7%
IIC2	Clinical: Prevention: Research	210	4.38	0.05	8.7%
IID1	Clinical: Evidence: Communicates results	210	4.52	0.04	8.7%
IID4	Clinical: Evidence: Evidence	209	4.40	0.05	8.7%
IIIB3	Care: Finance: Anticipates risk	188	4.44	0.05	8.7%
IIIB8	Care: Finance: Resources	188	4.26	0.06	8.7%
IA6	Leadership: Horizontal: Lateral integrator	235	4.47	0.05	8.6%
IIIE8	Care: QI: Products	182	4.26	0.06	8.5%
IIIF4	Care: Informatics: Incorporates	184	4.30	0.06	8.5%
IID13	Clinical: Evidence: Synthesizes data	208	4.50	0.04	8.4%
IIA4	Clinical: Illness: Client care	211	4.48	0.04	8.3%
IIA10	Clinical: Illness: Pathophysiology	211	4.41	0.05	8.3%
IIB10	Clinical: Knowledge: Variations	211	4.44	0.05	8.3%
IID2	Clinical: Evidence: Measurement tools	211	4.31	0.05	8.3%
IIE7	Clinical: Assessment: Evaluates	209	4.31	0.06	8.3%
IIIA9	Care: Team: Plans of care	188	4.54	0.05	8.3%
IIIB10	Care: Finance: Business principles	189	4.07	0.07	8.3%
IIID1	Care: Policy: Multiple perspectives	187	4.04	0.07	8.3%
IIIE5	Care: QI: Economies of care	187	4.36	0.06	8.3%
IIB6	Clinical: Knowledge: Client risks	212	4.34	0.05	8.2%
IIA22	Clinical: Illness: Infection control	211	4.40	0.05	7.9%
IIIG5	Care: Ethics: Dilemmas	186	4.40	0.06	7.9%
IIIG6	Care: Ethics: Personal conflicts	186	4.41	0.06	7.9%
IE3	Leadership: Lateral: Develops	235	4.26	0.05	7.8%
IIA8	Clinical: Illness: Patterns	212	4.31	0.05	7.8%

Task	Description	N	Mean	SE[a]	Not Performed
IIB11	Clinical: Knowledge: Synthesizes	213	4.44	0.05	7.8%
IIIB1	Care: Finance: Cost outcomes	190	4.48	0.05	7.8%
IIIB6	Care: Finance: Fiscal context	190	4.35	0.05	7.8%
IIIC5	Care: Systems: Systems thinking	188	4.36	0.06	7.8%
IIIC6	Care: Systems: Collaborates	188	4.53	0.05	7.8%
IIID5	Care: Policy: Information sources	189	4.15	0.07	7.8%
IIIE1	Care: QI: Inconsistencies	188	4.46	0.05	7.8%
IIB12	Clinical: Knowledge: Accountability	211	4.45	0.05	7.5%
IA4	Leadership: Horizontal: Plans of care	239	4.51	0.04	7.4%
IA7	Leadership: Horizontal: Group processes	237	4.37	0.04	7.4%
IIIC4	Care: Systems: Advocates	189	4.47	0.05	7.4%
IIIC9	Care: Systems: Economic factors	188	4.09	0.07	7.4%
IIIE3	Care: QI: Risk reduction	188	4.49	0.05	7.4%
IIIE9	Care: QI: Opportunities	187	4.48	0.05	7.4%
IIIF8	Care: Informatics: Synthesizes	187	4.25	0.06	7.4%
IIIG3	Care: Ethics: Advocate	187	4.40	0.06	7.4%
IIIA1	Care: Team: Supervises	191	4.50	0.05	7.3%
IIID4	Care: Policy: Healthcare economics	190	3.95	0.07	7.3%
ID13	Leadership: Integration: Mentors	236	4.56	0.04	7.1%
IIE5	Clinical: Assessment: Pathophysiology	209	4.43	0.05	7.1%
IIA18	Clinical: Illness: Literature	214	4.36	0.05	7.0%
IIC13	Clinical: Prevention: Strategies	211	4.32	0.05	7.0%
IID3	Clinical: Evidence: Clinical judgment	213	4.53	0.04	7.0%
IIA3	Clinical: Illness: Client problems	215	4.48	0.05	6.9%
IIIC2	Care: Systems: Evidence	190	4.38	0.05	6.9%
IIID13	Care: Policy: Legal processes	189	4.11	0.07	6.9%
IIIF14	Care: Informatics: Communication	188	4.34	0.05	6.9%
IIIG2	Care: Ethics: Diverse values	188	4.40	0.06	6.9%
IIIA4	Care: Team: Lateral integration	192	4.55	0.05	6.8%
IB15	Leadership: Skills: Conflict resolution	236	4.26	0.05	6.7%
IIB2	Clinical: Knowledge: Outcomes	214	4.58	0.04	6.6%
IID10	Clinical: Evidence: Accesses information	213	4.38	0.05	6.6%
IIA9	Clinical: Illness: Educates	216	4.47	0.04	6.5%
IIIF10	Care: Informatics: Innovations	188	4.38	0.05	6.5%
IIIC1	Care: Systems: Knowledge dissemination	191	4.46	0.05	6.4%
IIIC7	Care: Systems: QI methods	191	4.41	0.05	6.4%
IIIC8	Care: Systems: Delivery systems	190	4.25	0.06	6.4%

Task	Description	N	Mean	SE[a]	Not Performed
IB6	Leadership: Skills: Group processes	238	4.29	0.05	6.3%
IB8	Leadership: Skills: Quant and qual data	239	4.25	0.06	6.3%
IIIB5	Care: Finance: Healthcare technologies	192	4.33	0.05	6.3%
IID9	Clinical: Evidence: Research	214	4.46	0.05	6.1%
IC3	Leadership: Advocacy: Plan of care	236	4.45	0.05	6.0%
ID6	Leadership: Integration: Standards	240	4.38	0.05	5.9%
ID7	Leadership: Integration: History	240	4.25	0.06	5.9%
ID10	Leadership: Integration: Professional nurse	238	4.52	0.04	5.9%
IIID8	Care: Policy: Professional ethic	192	4.28	0.06	5.9%
IIIE7	Care: QI: Collaborates	190	4.51	0.05	5.9%
IA5	Leadership: Horizontal: Evaluation	242	4.14	0.05	5.8%
IIE6	Clinical: Assessment: Clinical judgment	213	4.49	0.05	5.8%
IIIA6	Care: Team: Group processes	194	4.49	0.05	5.8%
IIIA7	Care: Team: Conflict resolution	194	4.47	0.05	5.8%
IIE3	Clinical: Assessment: Identifies	216	4.48	0.05	5.7%
IE4	Leadership: Lateral: Fosters	240	4.51	0.04	5.5%
IA1	Leadership: Horizontal: Theories	244	3.99	0.06	5.4%
IA8	Leadership: Horizontal: Coaches	244	4.50	0.04	5.4%
IA11	Leadership: Horizontal: QI methods	243	4.57	0.04	5.4%
IIIG1	Care: Ethics: Conflicts of interest	191	4.38	0.06	5.4%
IIIG7	Care: Ethics: Committee	191	4.41	0.06	5.4%
IC7	Leadership: Advocacy: Client advocate	239	4.41	0.05	5.2%
IIA13	Clinical: Illness: Research	217	4.43	0.05	5.2%
IB3	Leadership: Skills: Group interactions	241	4.27	0.05	5.1%
IB11	Leadership: Skills: Barriers	240	4.11	0.06	5.1%
IB12	Leadership: Skills: Client values	241	4.37	0.05	5.1%
IE1	Leadership: Lateral: Delivers	242	4.44	0.04	5.1%
IE7	Leadership: Lateral: Disseminates	240	4.45	0.05	5.1%
IIIF12	Care: Informatics: Confidentiality	192	4.39	0.06	5.0%
IIIA2	Care: Team: Communication skills	196	4.74	0.03	4.9%
IIIA8	Care: Team: Work environment	194	4.62	0.04	4.9%
IIID2	Care: Policy: Vulnerable populations	195	4.11	0.06	4.9%
IIID6	Care: Policy: Standards of care	194	4.37	0.06	4.9%
IA10	Leadership: Horizontal: Ethical care	246	4.57	0.04	4.7%
IB7	Leadership: Skills: Science concepts	243	4.13	0.06	4.7%
IB13	Leadership: Skills: Documentation	243	4.33	0.05	4.7%
ID12	Leadership: Integration: Agendas	243	4.54	0.04	4.7%

Task	Description	N	Mean	SE[a]	Not Performed
IC8	Leadership: Advocacy: Chain of command	241	4.38	0.05	4.4%
IIA16	Clinical: Illness: Cultural relevance	219	4.27	0.05	4.4%
IIIA3	Care: Team: Collaborate	197	4.69	0.04	4.4%
IIIA5	Care: Team: Interdisciplinary team	197	4.67	0.04	4.4%
IA3	Leadership: Horizontal: Microsystem	247	4.49	0.04	4.3%
IA9	Leadership: Horizontal: Evidence, needs	246	4.60	0.04	4.3%
IB5	Leadership: Skills: Communicates	243	4.36	0.05	4.3%
IB9	Leadership: Skills: Scientific process	243	4.33	0.05	4.3%
IE6	Leadership: Lateral: Collaborates	242	4.55	0.04	4.3%
IIB1	Clinical: Knowledge: Research-based	221	4.59	0.04	4.3%
IB16	Leadership: Skills: Accountability	242	4.58	0.04	4.0%
IC9	Leadership: Advocacy: Promote fairness	242	4.52	0.04	4.0%
IC10	Leadership: Advocacy: Improvement	243	4.51	0.04	4.0%
ID3	Leadership: Integration: Identity	243	4.69	0.04	4.0%
ID4	Leadership: Integration: Competencies	243	4.70	0.04	4.0%
IA2	Leadership: Horizontal: Evidence, decisions	248	4.73	0.03	3.9%
IB2	Leadership: Skills: Decisions	245	4.60	0.04	3.9%
IB14	Leadership: Skills: Team members	245	4.55	0.04	3.9%
IB1	Leadership: Skills: Relationships	247	4.66	0.03	3.5%
IB10	Leadership: Skills: Synthesizes info	245	4.53	0.04	3.5%
ID8	Leadership: Integration: Scope of practice	246	4.60	0.04	3.5%
ID5	Leadership: Integration: Learning	245	4.71	0.03	3.2%
ID11	Leadership: Integration: Personal goals	246	4.56	0.04	3.1%

[a] Standard error associated with the mean.

Appendix O: Task Elements Sorted by Mean Importance

TABLE O-1

Task Elements Sorted by Mean Importance

Task	Description	N	Mean	SE[a]	Not Performed
IIB5	Clinical: Knowledge: Disaster	178	3.75	0.08	22.9%
IIID11	Care: Policy: Grass roots	151	3.77	0.09	25.2%
IC1	Leadership: Advocacy: Health goals	202	3.80	0.07	20.2%
ID15	Leadership: Integration: Research	210	3.80	0.07	17.0%
IIID12	Care: Policy: Global issues	182	3.85	0.07	10.3%
IIID3	Care: Policy: Healthy communities	165	3.87	0.08	18.7%
IIID10	Care: Policy: Socioeconomic	178	3.92	0.07	12.7%
IIB4	Clinical: Knowledge: Disease	190	3.92	0.07	17.4%
IIA20	Clinical: Illness: Genetics	189	3.95	0.07	16.4%
IIID4	Care: Policy: Healthcare economics	190	3.95	0.07	7.3%
IA1	Leadership: Horizontal: Theories	244	3.99	0.06	5.4%
IIA11	Clinical: Illness: Reimbursement	201	4.01	0.07	13.0%
IIB13	Clinical: Knowledge: Complementary	196	4.01	0.07	14.8%
IIC10	Clinical: Prevention: Partnerships	180	4.03	0.07	21.7%
IC5	Leadership: Advocacy: Healthcare issues	221	4.04	0.06	12.3%
IIID1	Care: Policy: Multiple perspectives	187	4.04	0.07	8.3%
IIB3	Clinical: Knowledge: Epidemiological	197	4.05	0.06	14.7%
IIID9	Care: Policy: Political processes	186	4.05	0.07	8.8%
IIIB10	Care: Finance: Business principles	189	4.07	0.07	8.3%
IIIC9	Care: Systems: Economic factors	188	4.09	0.07	7.4%
ID14	Leadership: Integration: CNL Impact	203	4.10	0.07	19.8%
IIC11	Clinical: Prevention: Holistic plans of care	195	4.11	0.06	15.2%
IIID2	Care: Policy: Vulnerable populations	195	4.11	0.06	4.9%
IB11	Leadership: Skills: Barriers	240	4.11	0.06	5.1%
IIID13	Care: Policy: Legal processes	189	4.11	0.07	6.9%
IIIB14	Care: Finance: Reimbursement policies	175	4.11	0.07	15.0%
IIA6	Clinical: Illness: Theories	210	4.12	0.06	9.1%
IB7	Leadership: Skills: Science concepts	243	4.13	0.06	4.7%
IC6	Leadership: Advocacy: Research	225	4.13	0.06	11.1%
IIA21	Clinical: Illness: Education programs	185	4.14	0.06	18.1%
IID5	Clinical: Evidence: Applies data	198	4.14	0.07	13.2%
IA5	Leadership: Horizontal: Evaluation	242	4.14	0.05	5.8%
IIID5	Care: Policy: Information sources	189	4.15	0.07	7.8%
IIC9	Clinical: Prevention: Assess factors	193	4.16	0.06	15.4%
IIIF3	Care: Informatics: Evaluates	177	4.17	0.06	11.9%

Task	Description	N	Mean	SE[a]	Not Performed
IIC12	Clinical: Prevention: Theories	202	4.17	0.06	12.2%
IIA19	Clinical: Illness: Client satisfaction	198	4.18	0.06	13.9%
IIIF7	Care: Informatics: Validates	181	4.18	0.07	10.4%
IIC7	Clinical: Prevention: Clinical programs	186	4.18	0.07	18.8%
IIIF9	Care: Informatics: Culturally-relevant	184	4.18	0.06	8.9%
IIIF5	Care: Informatics: New technologies	177	4.19	0.06	11.9%
IIIB7	Care: Finance: Evaluate use of products	187	4.19	0.06	9.2%
IIID7	Care: Policy: Regulatory controls	178	4.19	0.06	11.9%
IIC8	Clinical: Prevention: Risk factors	196	4.19	0.06	14.8%
IIIB9	Care: Finance: Evaluate activities	181	4.20	0.07	10.8%
IIB7	Clinical: Knowledge: Risk analysis	199	4.21	0.06	13.9%
IIIB13	Care: Finance: Research	175	4.22	0.06	14.6%
IIIB4	Care: Finance: Leverages resources	184	4.22	0.06	10.7%
IIIB12	Care: Finance: Financial policies	183	4.22	0.06	10.3%
IIIF15	Care: Informatics: Interdisciplinary team	181	4.23	0.06	10.4%
IIIF11	Care: Informatics: Interventions	183	4.24	0.06	9.4%
IC4	Leadership: Advocacy: Population needs	228	4.24	0.05	9.2%
IIA7	Clinical: Illness: Resources	203	4.24	0.05	11.7%
IIIF6	Care: Informatics: Use of technology	182	4.24	0.06	9.0%
IIIF8	Care: Informatics: Synthesizes	187	4.25	0.06	7.4%
IB8	Leadership: Skills: Quant and qual data	239	4.25	0.06	6.3%
IIIC8	Care: Systems: Delivery systems	190	4.25	0.06	6.4%
IIIB15	Care: Finance: Healthcare financing	174	4.25	0.06	13.9%
ID7	Leadership: Integration: History	240	4.25	0.06	5.9%
IE3	Leadership: Lateral: Develops	235	4.26	0.05	7.8%
IIIB8	Care: Finance: Resources	188	4.26	0.06	8.7%
IIIF2	Care: Informatics: Applies	182	4.26	0.06	9.9%
IB15	Leadership: Skills: Conflict resolution	236	4.26	0.05	6.7%
IIA17	Clinical: Illness: Technologies	203	4.26	0.06	11.4%
IIIE6	Care: QI: Environmental impact	180	4.26	0.07	10.9%
IIIE8	Care: QI: Products	182	4.26	0.06	8.5%
IIC6	Clinical: Prevention: Culturally sensitive	204	4.26	0.05	10.9%
IIE4	Clinical: Assessment: Performs	200	4.27	0.06	12.7%
IIA1	Clinical: Illness: Responsibility	208	4.27	0.06	10.0%
IIA16	Clinical: Illness: Cultural relevance	219	4.27	0.05	4.4%
IIIC3	Care: Systems: Strategies	181	4.27	0.06	10.8%
IB3	Leadership: Skills: Group interactions	241	4.27	0.05	5.1%

Task	Description	N	Mean	SE[a]	Not Performed
IIIA10	Care: Team: Gap analysis	169	4.28	0.06	18.0%
IIA2	Clinical: Illness: Coordinates	208	4.28	0.06	10.3%
IIID8	Care: Policy: Professional ethic	192	4.28	0.06	5.9%
IIA15	Clinical: Illness: Palliative care	209	4.28	0.05	9.1%
ID9	Leadership: Integration: Value	228	4.29	0.05	9.5%
IB6	Leadership: Skills: Group processes	238	4.29	0.05	6.3%
IIIF1	Care: Informatics: Analyzes	179	4.30	0.06	11.4%
IIC5	Clinical: Prevention: Counsels	206	4.30	0.05	10.0%
IIA5	Clinical: Illness: Holistic Assessment	208	4.30	0.05	10.0%
IC2	Leadership: Advocacy: Delivery system	227	4.30	0.05	10.3%
IIIF4	Care: Informatics: Incorporates	184	4.30	0.06	8.5%
IID8	Clinical: Evidence: Interprets data	206	4.31	0.05	9.3%
IIA8	Clinical: Illness: Patterns	212	4.31	0.05	7.8%
IIE7	Clinical: Assessment: Evaluates	209	4.31	0.06	8.3%
IID2	Clinical: Evidence: Measurement tools	211	4.31	0.05	8.3%
IID6	Clinical: Evidence: Reviews datasets	195	4.32	0.06	12.6%
IID7	Clinical: Evidence: Applies information	200	4.32	0.05	11.9%
IIC13	Clinical: Prevention: Strategies	211	4.32	0.05	7.0%
IIIB11	Care: Finance: Ethical principles	187	4.33	0.06	8.8%
IB13	Leadership: Skills: Documentation	243	4.33	0.05	4.7%
IB9	Leadership: Skills: Scientific process	243	4.33	0.05	4.3%
IIIB5	Care: Finance: Healthcare technologies	192	4.33	0.05	6.3%
IIB6	Clinical: Knowledge: Client risks	212	4.34	0.05	8.2%
IIIF14	Care: Informatics: Communication	188	4.34	0.05	6.9%
IIC1	Clinical: Prevention: Teaches	200	4.35	0.06	12.7%
IIIB6	Care: Finance: Fiscal context	190	4.35	0.05	7.8%
IIIC5	Care: Systems: Systems thinking	188	4.36	0.06	7.8%
IB5	Leadership: Skills: Communicates	243	4.36	0.05	4.3%
IIIE5	Care: QI: Economies of care	187	4.36	0.06	8.3%
IE5	Leadership: Lateral: Performs	228	4.36	0.06	10.6%
IIA18	Clinical: Illness: Literature	214	4.36	0.05	7.0%
IIA12	Clinical: Illness: Discharge	200	4.37	0.05	13.4%
IIC3	Clinical: Prevention: Therapeutic	207	4.37	0.05	9.6%
IB12	Leadership: Skills: Client values	241	4.37	0.05	5.1%
IIID6	Care: Policy: Standards of care	194	4.37	0.06	4.9%
IA7	Leadership: Horizontal: Group processes	237	4.37	0.04	7.4%
IIIF13	Care: Informatics: Leads team	177	4.37	0.06	11.1%

Task	Description	N	Mean	SEa	Not Performed
IB4	Leadership: Skills: Therapeutic alliance	230	4.37	0.05	8.7%
IIC2	Clinical: Prevention: Research	210	4.38	0.05	8.7%
IIIB2	Care: Finance: Serves as steward	186	4.38	0.05	9.7%
IIIG1	Care: Ethics: Conflicts of interest	191	4.38	0.06	5.4%
IIIF10	Care: Informatics: Innovations	188	4.38	0.05	6.5%
ID6	Leadership: Integration: Standards	240	4.38	0.05	5.9%
IID10	Clinical: Evidence: Accesses information	213	4.38	0.05	6.6%
IC8	Leadership: Advocacy: Chain of command	241	4.38	0.05	4.4%
IIIC2	Care: Systems: Evidence	190	4.38	0.05	6.9%
IIA23	Clinical: Illness: Advanced assessment	210	4.39	0.05	8.7%
IIIF12	Care: Informatics: Confidentiality	192	4.39	0.06	5.0%
IIA22	Clinical: Illness: Infection control	211	4.40	0.05	7.9%
IIIG2	Care: Ethics: Diverse values	188	4.40	0.06	6.9%
IIIG3	Care: Ethics: Advocate	187	4.40	0.06	7.4%
IID4	Clinical: Evidence: Evidence	209	4.40	0.05	8.7%
IIIG5	Care: Ethics: Dilemmas	186	4.40	0.06	7.9%
IIE2	Clinical: Assessment: Develops	204	4.41	0.06	10.5%
IIA10	Clinical: Illness: Pathophysiology	211	4.41	0.05	8.3%
IIIC7	Care: Systems: QI methods	191	4.41	0.05	6.4%
IIIG7	Care: Ethics: Committee	191	4.41	0.06	5.4%
IC7	Leadership: Advocacy: Client advocate	239	4.41	0.05	5.2%
IIIE2	Care: QI: Root cause analysis	182	4.41	0.06	10.8%
IIIG6	Care: Ethics: Personal conflicts	186	4.41	0.06	7.9%
IIB9	Clinical: Knowledge: Modify risks	210	4.41	0.05	9.1%
IE2	Leadership: Lateral: Coordinates	231	4.42	0.05	9.1%
ID1	Leadership: Integration: Significance	232	4.43	0.05	8.7%
IIE5	Clinical: Assessment: Pathophysiology	209	4.43	0.05	7.1%
IIA13	Clinical: Illness: Research	217	4.43	0.05	5.2%
IIB10	Clinical: Knowledge: Variations	211	4.44	0.05	8.3%
IIIB3	Care: Finance: Anticipates risk	188	4.44	0.05	8.7%
IE1	Leadership: Lateral: Delivers	242	4.44	0.04	5.1%
IIB11	Clinical: Knowledge: Synthesizes	213	4.44	0.05	7.8%
IC3	Leadership: Advocacy: Plan of care	236	4.45	0.05	6.0%
IIB12	Clinical: Knowledge: Accountability	211	4.45	0.05	7.5%
IIB8	Clinical: Knowledge: Benchmarks	208	4.45	0.05	9.2%
IIC4	Clinical: Prevention: Modify interventions	207	4.45	0.05	9.6%
IE7	Leadership: Lateral: Disseminates	240	4.45	0.05	5.1%

Task	Description	N	Mean	SE[a]	Not Performed
IIIC1	Care: Systems: Knowledge dissemination	191	4.46	0.05	6.4%
IIE1	Clinical: Assessment: Designs	208	4.46	0.05	8.8%
IIIE1	Care: QI: Inconsistencies	188	4.46	0.05	7.8%
IID9	Clinical: Evidence: Research	214	4.46	0.05	6.1%
IIA9	Clinical: Illness: Educates	216	4.47	0.04	6.5%
IA6	Leadership: Horizontal: Lateral integrator	235	4.47	0.05	8.6%
IIIC4	Care: Systems: Advocates	189	4.47	0.05	7.4%
IIIA7	Care: Team: Conflict resolution	194	4.47	0.05	5.8%
IIIE4	Care: QI: Individual client risk	185	4.48	0.05	8.9%
IIE3	Clinical: Assessment: Identifies	216	4.48	0.05	5.7%
IIA4	Clinical: Illness: Client care	211	4.48	0.04	8.3%
IIA3	Clinical: Illness: Client problems	215	4.48	0.05	6.9%
IIIE9	Care: QI: Opportunities	187	4.48	0.05	7.4%
IIIB1	Care: Finance: Cost outcomes	190	4.48	0.05	7.8%
IIA14	Clinical: Illness: Protocols	205	4.49	0.05	9.7%
IIIE3	Care: QI: Risk reduction	188	4.49	0.05	7.4%
IIIA6	Care: Team: Group processes	194	4.49	0.05	5.8%
IIE6	Clinical: Assessment: Clinical judgment	213	4.49	0.05	5.8%
IA3	Leadership: Horizontal: Microsystem	247	4.49	0.04	4.3%
IIIG4	Care: Ethics: Peaceful death	176	4.49	0.06	12.4%
IIIA1	Care: Team: Supervises	191	4.50	0.05	7.3%
IID12	Clinical: Evidence: Outcomes	207	4.50	0.05	8.8%
IID13	Clinical: Evidence: Synthesizes data	208	4.50	0.04	8.4%
IA8	Leadership: Horizontal: Coaches	244	4.50	0.04	5.4%
IIIE7	Care: QI: Collaborates	190	4.51	0.05	5.9%
IE4	Leadership: Lateral: Fosters	240	4.51	0.04	5.5%
IC10	Leadership: Advocacy: Improvement	243	4.51	0.04	4.0%
ID2	Leadership: Integration: Advocates	231	4.51	0.05	9.4%
IA4	Leadership: Horizontal: Plans of care	239	4.51	0.04	7.4%
ID10	Leadership: Integration: Professional nurse	238	4.52	0.04	5.9%
IID1	Clinical: Evidence: Communicates results	210	4.52	0.04	8.7%
IC9	Leadership: Advocacy: Promote fairness	242	4.52	0.04	4.0%
IID3	Clinical: Evidence: Clinical judgment	213	4.53	0.04	7.0%
IB10	Leadership: Skills: Synthesizes info	245	4.53	0.04	3.5%
IIIC6	Care: Systems: Collaborates	188	4.53	0.05	7.8%
IIIA9	Care: Team: Plans of care	188	4.54	0.05	8.3%
ID12	Leadership: Integration: Agendas	243	4.54	0.04	4.7%

Task	Description	N	Mean	SE[a]	Not Performed
IB14	Leadership: Skills: Team members	245	4.55	0.04	3.9%
IE6	Leadership: Lateral: Collaborates	242	4.55	0.04	4.3%
IID11	Clinical: Evidence: Provides leadership	207	4.55	0.04	8.8%
IIIA4	Care: Team: Lateral integration	192	4.55	0.05	6.8%
ID11	Leadership: Integration: Personal goals	246	4.56	0.04	3.1%
ID13	Leadership: Integration: Mentors	236	4.56	0.04	7.1%
IA11	Leadership: Horizontal: QI methods	243	4.57	0.04	5.4%
IA10	Leadership: Horizontal: Ethical care	246	4.57	0.04	4.7%
IB16	Leadership: Skills: Accountability	242	4.58	0.04	4.0%
IIB2	Clinical: Knowledge: Outcomes	214	4.58	0.04	6.6%
IIB1	Clinical: Knowledge: Research-based	221	4.59	0.04	4.3%
ID8	Leadership: Integration: Scope of practice	246	4.60	0.04	3.5%
IA9	Leadership: Horizontal: Evidence, needs	246	4.60	0.04	4.3%
IB2	Leadership: Skills: Decisions	245	4.60	0.04	3.9%
IIIA8	Care: Team: Work environment	194	4.62	0.04	4.9%
IB1	Leadership: Skills: Relationships	247	4.66	0.03	3.5%
IIIA5	Care: Team: Interdisciplinary team	197	4.67	0.04	4.4%
IIIA3	Care: Team: Collaborate	197	4.69	0.04	4.4%
ID3	Leadership: Integration: Identity	243	4.69	0.04	4.0%
ID4	Leadership: Integration: Competencies	243	4.70	0.04	4.0%
ID5	Leadership: Integration: Learning	245	4.71	0.03	3.2%
IA2	Leadership: Horizontal: Evidence, decisions	248	4.73	0.03	3.9%
IIIA2	Care: Team: Communication skills	196	4.74	0.03	4.9%

[a] Standard error associated with the mean.

Appendix P: Importance of Task Elements by Job Role

TABLE P-1

Importance of Task Elements by Job Role

Task	Description	Average Importance		Difference
		Working as CNL	**Not Working as CNL**	**Difference**
IA3	Leadership: Horizontal: Microsystem	4.59	4.42	0.17*
IB1	Leadership: Skills: Relationships	4.75	4.60	0.15*
IB3	Leadership: Skills: Group interactions	4.42	4.18	0.23*
IB14	Leadership: Skills: Team members	4.66	4.48	0.18*
ID1	Leadership: Integration: Significance	4.56	4.33	0.23*
IE3	Leadership: Lateral: Develops	4.39	4.17	0.22*
IE6	Leadership: Lateral: Collaborates	4.65	4.48	0.17*
IIIA5	Care: Team: Interdisciplinary team	4.77	4.59	0.18*
IIIE1	Care: QI: Inconsistencies	4.34	4.54	-0.20*
IA1	Leadership: Horizontal: Theories	3.99	3.99	0.00
IA2	Leadership: Horizontal: Evidence, decisions	4.78	4.69	0.09
IA4	Leadership: Horizontal: Plans of care	4.57	4.48	0.09
IA5	Leadership: Horizontal: Evaluation	4.10	4.16	-0.06
IA6	Leadership: Horizontal: Lateral integrator	4.55	4.41	0.14
IA7	Leadership: Horizontal: Group processes	4.38	4.36	0.02
IA8	Leadership: Horizontal: Coaches	4.58	4.44	0.14
IA9	Leadership: Horizontal: Evidence, needs	4.67	4.55	0.11
IA10	Leadership: Horizontal: Ethical care	4.63	4.52	0.11
IA11	Leadership: Horizontal: QI methods	4.53	4.60	-0.07
IB2	Leadership: Skills: Decisions	4.68	4.56	0.11
IB4	Leadership: Skills: Therapeutic alliance	4.47	4.30	0.17
IB5	Leadership: Skills: Communicates	4.44	4.33	0.11
IB6	Leadership: Skills: Group processes	4.40	4.21	0.20
IB7	Leadership: Skills: Science concepts	4.12	4.14	-0.02
IB8	Leadership: Skills: Quant and qual data	4.29	4.21	0.07
IB9	Leadership: Skills: Scientific process	4.30	4.36	-0.07
IB10	Leadership: Skills: Synthesizes info	4.51	4.53	-0.02
IB11	Leadership: Skills: Barriers	4.10	4.12	-0.01
IB12	Leadership: Skills: Client values	4.38	4.36	0.02
IB13	Leadership: Skills: Documentation	4.27	4.39	-0.12
IB15	Leadership: Skills: Conflict resolution	4.31	4.23	0.08
IB16	Leadership: Skills: Accountability	4.61	4.55	0.07
IC1	Leadership: Advocacy: Health goals	3.86	3.77	0.09
IC2	Leadership: Advocacy: Delivery system	4.30	4.32	-0.02

Task	Description	Average Importance		Difference
		Working as CNL	Not Working as CNL	
IC3	Leadership: Advocacy: Plan of care	4.52	4.40	0.11
IC4	Leadership: Advocacy: Population needs	4.24	4.25	-0.01
IC5	Leadership: Advocacy: Healthcare issues	4.03	4.05	-0.02
IC6	Leadership: Advocacy: Research	4.16	4.13	0.03
IC7	Leadership: Advocacy: Client advocate	4.47	4.38	0.09
IC8	Leadership: Advocacy: Chain of command	4.46	4.33	0.13
IC9	Leadership: Advocacy: Promote fairness	4.57	4.51	0.06
IC10	Leadership: Advocacy: Improvement	4.58	4.47	0.11
ID2	Leadership: Integration: Advocates	4.60	4.45	0.15
ID3	Leadership: Integration: Identity	4.74	4.65	0.10
ID4	Leadership: Integration: Competencies	4.76	4.65	0.11
ID5	Leadership: Integration: Learning	4.77	4.66	0.10
ID6	Leadership: Integration: Standards	4.36	4.40	-0.03
ID7	Leadership: Integration: History	4.37	4.20	0.17
ID8	Leadership: Integration: Scope of practice	4.57	4.61	-0.05
ID9	Leadership: Integration: Value	4.26	4.30	-0.04
ID10	Leadership: Integration: Professional nurse	4.53	4.52	0.00
ID11	Leadership: Integration: Personal goals	4.57	4.56	0.02
ID12	Leadership: Integration: Agendas	4.58	4.54	0.04
ID13	Leadership: Integration: Mentors	4.55	4.57	-0.02
ID14	Leadership: Integration: CNL Impact	4.13	4.09	0.04
ID15	Leadership: Integration: Research	3.86	3.78	0.08
IE1	Leadership: Lateral: Delivers	4.51	4.41	0.10
IE2	Leadership: Lateral: Coordinates	4.50	4.36	0.14
IE4	Leadership: Lateral: Fosters	4.60	4.46	0.15
IE5	Leadership: Lateral: Performs	4.44	4.31	0.13
IE7	Leadership: Lateral: Disseminates	4.56	4.39	0.17
IIA1	Clinical: Illness: Responsibility	4.24	4.30	-0.06
IIA2	Clinical: Illness: Coordinates	4.23	4.32	-0.09
IIA3	Clinical: Illness: Client problems	4.51	4.47	0.04
IIA4	Clinical: Illness: Client care	4.48	4.47	0.01
IIA5	Clinical: Illness: Holistic Assessment	4.25	4.33	-0.08
IIA6	Clinical: Illness: Theories	4.11	4.15	-0.04
IIA7	Clinical: Illness: Resources	4.22	4.27	-0.05
IIA8	Clinical: Illness: Patterns	4.34	4.30	0.05
IIA9	Clinical: Illness: Educates	4.50	4.46	0.04

| Task | Description | Average Importance | | Difference |
		Working as CNL	Not Working as CNL	
IIA10	Clinical: Illness: Pathophysiology	4.43	4.40	0.02
IIA11	Clinical: Illness: Reimbursement	4.06	3.99	0.07
IIA12	Clinical: Illness: Discharge	4.45	4.32	0.12
IIA13	Clinical: Illness: Research	4.42	4.44	-0.02
IIA14	Clinical: Illness: Protocols	4.42	4.53	-0.11
IIA15	Clinical: Illness: Palliative care	4.35	4.25	0.10
IIA16	Clinical: Illness: Cultural relevance	4.30	4.26	0.04
IIA17	Clinical: Illness: Technologies	4.29	4.26	0.03
IIA18	Clinical: Illness: Literature	4.35	4.37	-0.01
IIA19	Clinical: Illness: Client satisfaction	4.21	4.16	0.05
IIA20	Clinical: Illness: Genetics	3.87	4.04	-0.17
IIA21	Clinical: Illness: Education programs	4.15	4.14	0.01
IIA22	Clinical: Illness: Infection control	4.35	4.44	-0.09
IIA23	Clinical: Illness: Advanced assessment	4.34	4.43	-0.09
IIB1	Clinical: Knowledge: Research-based	4.56	4.60	-0.04
IIB2	Clinical: Knowledge: Outcomes	4.60	4.56	0.04
IIB3	Clinical: Knowledge: Epidemiological	3.96	4.11	-0.14
IIB4	Clinical: Knowledge: Disease	3.94	3.91	0.03
IIB5	Clinical: Knowledge: Disaster	3.73	3.75	-0.02
IIB6	Clinical: Knowledge: Client risks	4.32	4.35	-0.03
IIB7	Clinical: Knowledge: Risk analysis	4.29	4.15	0.13
IIB8	Clinical: Knowledge: Benchmarks	4.46	4.44	0.02
IIB9	Clinical: Knowledge: Modify risks	4.40	4.41	-0.01
IIB10	Clinical: Knowledge: Variations	4.42	4.44	-0.02
IIB11	Clinical: Knowledge: Synthesizes	4.38	4.48	-0.10
IIB12	Clinical: Knowledge: Accountability	4.46	4.43	0.03
IIB13	Clinical: Knowledge: Complementary	4.05	3.99	0.06
IIC1	Clinical: Prevention: Teaches	4.31	4.39	-0.08
IIC2	Clinical: Prevention: Research	4.31	4.40	-0.09
IIC3	Clinical: Prevention: Therapeutic	4.37	4.36	0.01
IIC4	Clinical: Prevention: Modify interventions	4.40	4.48	-0.09
IIC5	Clinical: Prevention: Counsels	4.27	4.32	-0.05
IIC6	Clinical: Prevention: Culturally sensitive	4.26	4.28	-0.02
IIC7	Clinical: Prevention: Clinical programs	4.12	4.20	-0.09
IIC8	Clinical: Prevention: Risk factors	4.20	4.20	0.00
IIC9	Clinical: Prevention: Assess factors	4.12	4.20	-0.08

TABLE P-1
Continued

| Task | Description | Average Importance | | Difference |
		Working as CNL	Not Working as CNL	
IIC10	Clinical: Prevention: Partnerships	4.01	4.07	-0.05
IIC11	Clinical: Prevention: Holistic plans of care	4.18	4.11	0.08
IIC12	Clinical: Prevention: Theories	4.21	4.18	0.02
IIC13	Clinical: Prevention: Strategies	4.29	4.36	-0.08
IID1	Clinical: Evidence: Communicates results	4.48	4.55	-0.07
IID2	Clinical: Evidence: Measurement tools	4.35	4.28	0.08
IID3	Clinical: Evidence: Clinical judgment	4.50	4.55	-0.05
IID4	Clinical: Evidence: Evidence	4.37	4.42	-0.05
IID5	Clinical: Evidence: Applies data	4.01	4.22	-0.21
IID6	Clinical: Evidence: Reviews datasets	4.24	4.38	-0.14
IID7	Clinical: Evidence: Applies information	4.32	4.33	-0.01
IID8	Clinical: Evidence: Interprets data	4.20	4.37	-0.16
IID9	Clinical: Evidence: Research	4.38	4.50	-0.12
IID10	Clinical: Evidence: Accesses information	4.27	4.44	-0.17
IID11	Clinical: Evidence: Provides leadership	4.51	4.57	-0.07
IID12	Clinical: Evidence: Outcomes	4.44	4.53	-0.09
IID13	Clinical: Evidence: Synthesizes data	4.40	4.56	-0.16
IIE1	Clinical: Assessment: Designs	4.46	4.48	-0.02
IIE2	Clinical: Assessment: Develops	4.39	4.41	-0.02
IIE3	Clinical: Assessment: Identifies	4.56	4.42	0.15
IIE4	Clinical: Assessment: Performs	4.24	4.27	-0.03
IIE5	Clinical: Assessment: Pathophysiology	4.40	4.46	-0.06
IIE6	Clinical: Assessment: Clinical judgment	4.48	4.51	-0.04
IIE7	Clinical: Assessment: Evaluates	4.21	4.38	-0.17
IIIA1	Care: Team: Supervises	4.53	4.47	0.05
IIIA2	Care: Team: Communication skills	4.78	4.70	0.08
IIIA3	Care: Team: Collaborate	4.75	4.63	0.11
IIIA4	Care: Team: Lateral integration	4.66	4.47	0.19
IIIA6	Care: Team: Group processes	4.54	4.44	0.11
IIIA7	Care: Team: Conflict resolution	4.46	4.48	-0.03
IIIA8	Care: Team: Work environment	4.65	4.59	0.06
IIIA9	Care: Team: Plans of care	4.61	4.48	0.13
IIIA10	Care: Team: Gap analysis	4.21	4.31	-0.09
IIIB1	Care: Finance: Cost outcomes	4.48	4.47	0.01
IIIB2	Care: Finance: Serves as steward	4.40	4.35	0.05
IIIB3	Care: Finance: Anticipates risk	4.43	4.43	0.00

| Task | Description | Average Importance | | Difference |
		Working as CNL	Not Working as CNL	
IIIB4	Care: Finance: Leverages resources	4.22	4.21	0.01
IIIB5	Care: Finance: Healthcare technologies	4.32	4.33	-0.01
IIIB6	Care: Finance: Fiscal context	4.36	4.36	0.00
IIIB7	Care: Finance: Evaluate use of products	4.14	4.21	-0.07
IIIB8	Care: Finance: Resources	4.31	4.21	0.10
IIIB9	Care: Finance: Evaluate activities	4.16	4.25	-0.09
IIIB10	Care: Finance: Business principles	3.95	4.17	-0.22
IIIB11	Care: Finance: Ethical principles	4.31	4.34	-0.02
IIIB12	Care: Finance: Financial policies	4.16	4.26	-0.10
IIIB13	Care: Finance: Research	4.19	4.25	-0.06
IIIB14	Care: Finance: Reimbursement policies	4.06	4.15	-0.09
IIIB15	Care: Finance: Healthcare financing	4.23	4.27	-0.04
IIIC1	Care: Systems: Knowledge dissemination	4.44	4.45	-0.01
IIIC2	Care: Systems: Evidence	4.30	4.43	-0.12
IIIC3	Care: Systems: Strategies	4.14	4.35	-0.21
IIIC4	Care: Systems: Advocates	4.47	4.48	-0.01
IIIC5	Care: Systems: Systems thinking	4.28	4.41	-0.13
IIIC6	Care: Systems: Collaborates	4.51	4.53	-0.02
IIIC7	Care: Systems: QI methods	4.41	4.40	0.00
IIIC8	Care: Systems: Delivery systems	4.22	4.27	-0.05
IIIC9	Care: Systems: Economic factors	4.07	4.10	-0.03
IIID1	Care: Policy: Multiple perspectives	3.89	4.14	-0.24
IIID2	Care: Policy: Vulnerable populations	4.01	4.17	-0.16
IIID3	Care: Policy: Healthy communities	3.80	3.92	-0.11
IIID4	Care: Policy: Healthcare economics	3.80	4.07	-0.28
IIID5	Care: Policy: Information sources	4.03	4.22	-0.19
IIID6	Care: Policy: Standards of care	4.39	4.35	0.04
IIID7	Care: Policy: Regulatory controls	4.14	4.22	-0.08
IIID8	Care: Policy: Professional ethic	4.15	4.36	-0.21
IIID9	Care: Policy: Political processes	3.93	4.15	-0.22
IIID10	Care: Policy: Socioeconomic	3.81	4.01	-0.20
IIID11	Care: Policy: Grass roots	3.75	3.82	-0.08
IIID12	Care: Policy: Global issues	3.77	3.95	-0.19
IIID13	Care: Policy: Legal processes	3.95	4.22	-0.27
IIIE2	Care: QI: Root cause analysis	4.34	4.46	-0.11
IIIE3	Care: QI: Risk reduction	4.42	4.54	-0.12

Task	Description	Average Importance		Difference
		Working as CNL	Not Working as CNL	
IIIE4	Care: QI: Individual client risk	4.40	4.52	-0.12
IIIE5	Care: QI: Economies of care	4.30	4.40	-0.10
IIIE6	Care: QI: Environmental impact	4.27	4.25	0.02
IIIE7	Care: QI: Collaborates	4.48	4.52	-0.04
IIIE8	Care: QI: Products	4.20	4.31	-0.11
IIIE9	Care: QI: Opportunities	4.41	4.53	-0.12
IIIF1	Care: Informatics: Analyzes	4.26	4.30	-0.04
IIIF2	Care: Informatics: Applies	4.13	4.34	-0.20
IIIF3	Care: Informatics: Evaluates	4.13	4.18	-0.05
IIIF4	Care: Informatics: Incorporates	4.24	4.34	-0.10
IIIF5	Care: Informatics: New technologies	4.13	4.23	-0.10
IIIF6	Care: Informatics: Use of technology	4.12	4.32	-0.20
IIIF7	Care: Informatics: Validates	4.11	4.22	-0.12
IIIF8	Care: Informatics: Synthesizes	4.17	4.31	-0.14
IIIF9	Care: Informatics: Culturally-relevant	4.17	4.19	-0.02
IIIF10	Care: Informatics: Innovations	4.40	4.36	0.04
IIIF11	Care: Informatics: Interventions	4.18	4.28	-0.10
IIIF12	Care: Informatics: Confidentiality	4.44	4.37	0.07
IIIF13	Care: Informatics: Leads team	4.33	4.39	-0.06
IIIF14	Care: Informatics: Communication	4.26	4.39	-0.14
IIIF15	Care: Informatics: Interdisciplinary team	4.14	4.27	-0.13
IIIG1	Care: Ethics: Conflicts of interest	4.29	4.43	-0.14
IIIG2	Care: Ethics: Diverse values	4.29	4.47	-0.18
IIIG3	Care: Ethics: Advocate	4.29	4.46	-0.17
IIIG4	Care: Ethics: Peaceful death	4.40	4.55	-0.15
IIIG5	Care: Ethics: Dilemmas	4.30	4.47	-0.16
IIIG6	Care: Ethics: Personal conflicts	4.34	4.46	-0.12
IIIG7	Care: Ethics: Committee	4.32	4.45	-0.13

Appendix Q: Importance of Task Elements by Job Title

TABLE Q-1

Importance of Task Elements by Job Title

Task	Description	Average Importance		Difference
		CNL Title	**Other Title**	**Difference**
ID1	Leadership: Integration: Significance	4.69	4.33	0.35**
ID2	Leadership: Integration: Advocates	4.70	4.44	0.26*
IIIB10	Care: Finance: Business principles	3.78	4.18	-0.40**
IIID9	Care: Policy: Political processes	3.78	4.16	-0.38*
IIID12	Care: Policy: Global issues	3.59	3.96	-0.38*
IIID13	Care: Policy: Legal processes	3.80	4.22	-0.42**
IA1	Leadership: Horizontal: Theories	3.88	4.05	-0.17
IA2	Leadership: Horizontal: Evidence, decisions	4.74	4.73	0.02
IA3	Leadership: Horizontal: Microsystem	4.64	4.44	0.20
IA4	Leadership: Horizontal: Plans of care	4.56	4.50	0.06
IA5	Leadership: Horizontal: Evaluation	4.13	4.15	-0.02
IA6	Leadership: Horizontal: Lateral integrator	4.56	4.44	0.12
IA7	Leadership: Horizontal: Group processes	4.35	4.38	-0.03
IA8	Leadership: Horizontal: Coaches	4.62	4.46	0.16
IA9	Leadership: Horizontal: Evidence, needs	4.68	4.58	0.10
IA10	Leadership: Horizontal: Ethical care	4.59	4.56	0.03
IA11	Leadership: Horizontal: QI methods	4.52	4.60	-0.08
IB1	Leadership: Skills: Relationships	4.77	4.63	0.14
IB2	Leadership: Skills: Decisions	4.71	4.58	0.13
IB3	Leadership: Skills: Group interactions	4.43	4.23	0.20
IB4	Leadership: Skills: Therapeutic alliance	4.48	4.34	0.14
IB5	Leadership: Skills: Communicates	4.43	4.36	0.07
IB6	Leadership: Skills: Group processes	4.38	4.26	0.12
IB7	Leadership: Skills: Science concepts	4.09	4.15	-0.06
IB8	Leadership: Skills: Quant and qual data	4.30	4.23	0.06
IB9	Leadership: Skills: Scientific process	4.28	4.36	-0.08
IB10	Leadership: Skills: Synthesizes info	4.46	4.55	-0.09
IB11	Leadership: Skills: Barriers	4.03	4.14	-0.11
IB12	Leadership: Skills: Client values	4.35	4.39	-0.03
IB13	Leadership: Skills: Documentation	4.25	4.38	-0.13
IB14	Leadership: Skills: Team members	4.66	4.51	0.15
IB15	Leadership: Skills: Conflict resolution	4.28	4.26	0.02
IB16	Leadership: Skills: Accountability	4.66	4.55	0.11
IC1	Leadership: Advocacy: Health goals	3.80	3.81	0.00
IC2	Leadership: Advocacy: Delivery system	4.28	4.33	-0.05

Task	Description	Average Importance		Difference
		CNL Title	**Other Title**	**Difference**
IC3	Leadership: Advocacy: Plan of care	4.52	4.43	0.08
IC4	Leadership: Advocacy: Population needs	4.20	4.26	-0.07
IC5	Leadership: Advocacy: Healthcare issues	3.92	4.09	-0.17
IC6	Leadership: Advocacy: Research	4.13	4.14	-0.01
IC7	Leadership: Advocacy: Client advocate	4.45	4.40	0.05
IC8	Leadership: Advocacy: Chain of command	4.42	4.37	0.05
IC9	Leadership: Advocacy: Promote fairness	4.58	4.52	0.06
IC10	Leadership: Advocacy: Improvement	4.59	4.49	0.10
ID3	Leadership: Integration: Identity	4.75	4.67	0.08
ID4	Leadership: Integration: Competencies	4.72	4.69	0.03
ID5	Leadership: Integration: Learning	4.75	4.70	0.05
ID6	Leadership: Integration: Standards	4.29	4.42	-0.13
ID7	Leadership: Integration: History	4.37	4.24	0.13
ID8	Leadership: Integration: Scope of practice	4.51	4.63	-0.12
ID9	Leadership: Integration: Value	4.24	4.31	-0.07
ID10	Leadership: Integration: Professional nurse	4.45	4.55	-0.10
ID11	Leadership: Integration: Personal goals	4.55	4.57	-0.02
ID12	Leadership: Integration: Agendas	4.56	4.55	0.00
ID13	Leadership: Integration: Mentors	4.56	4.57	-0.01
ID14	Leadership: Integration: CNL Impact	4.11	4.10	0.00
ID15	Leadership: Integration: Research	3.85	3.80	0.06
IE1	Leadership: Lateral: Delivers	4.45	4.45	0.00
IE2	Leadership: Lateral: Coordinates	4.47	4.41	0.06
IE3	Leadership: Lateral: Develops	4.38	4.22	0.16
IE4	Leadership: Lateral: Fosters	4.58	4.50	0.08
IE5	Leadership: Lateral: Performs	4.52	4.31	0.21
IE6	Leadership: Lateral: Collaborates	4.67	4.51	0.16
IE7	Leadership: Lateral: Disseminates	4.58	4.42	0.16
IIA1	Clinical: Illness: Responsibility	4.25	4.29	-0.04
IIA2	Clinical: Illness: Coordinates	4.33	4.27	0.06
IIA3	Clinical: Illness: Client problems	4.61	4.45	0.16
IIA4	Clinical: Illness: Client care	4.47	4.48	-0.01
IIA5	Clinical: Illness: Holistic Assessment	4.31	4.30	0.00
IIA6	Clinical: Illness: Theories	4.02	4.18	-0.16
IIA7	Clinical: Illness: Resources	4.27	4.24	0.03
IIA8	Clinical: Illness: Patterns	4.32	4.32	0.00
IIA9	Clinical: Illness: Educates	4.54	4.46	0.08

Task	Description	Average Importance		Difference
		CNL Title	**Other Title**	
IIA10	Clinical: Illness: Pathophysiology	4.43	4.41	0.02
IIA11	Clinical: Illness: Reimbursement	4.00	4.03	-0.03
IIA12	Clinical: Illness: Discharge	4.52	4.33	0.19
IIA13	Clinical: Illness: Research	4.45	4.43	0.01
IIA14	Clinical: Illness: Protocols	4.49	4.49	0.00
IIA15	Clinical: Illness: Palliative care	4.37	4.26	0.11
IIA16	Clinical: Illness: Cultural relevance	4.27	4.28	-0.01
IIA17	Clinical: Illness: Technologies	4.27	4.28	-0.01
IIA18	Clinical: Illness: Literature	4.34	4.38	-0.04
IIA19	Clinical: Illness: Client satisfaction	4.27	4.15	0.12
IIA20	Clinical: Illness: Genetics	3.88	4.00	-0.12
IIA21	Clinical: Illness: Education programs	4.13	4.14	-0.01
IIA22	Clinical: Illness: Infection control	4.40	4.41	-0.01
IIA23	Clinical: Illness: Advanced assessment	4.45	4.38	0.08
IIB1	Clinical: Knowledge: Research-based	4.50	4.62	-0.12
IIB2	Clinical: Knowledge: Outcomes	4.53	4.61	-0.08
IIB3	Clinical: Knowledge: Epidemiological	3.90	4.10	-0.20
IIB4	Clinical: Knowledge: Disease	3.91	3.92	-0.01
IIB5	Clinical: Knowledge: Disaster	3.77	3.74	0.02
IIB6	Clinical: Knowledge: Client risks	4.27	4.37	-0.10
IIB7	Clinical: Knowledge: Risk analysis	4.38	4.15	0.23
IIB8	Clinical: Knowledge: Benchmarks	4.62	4.40	0.21
IIB9	Clinical: Knowledge: Modify risks	4.43	4.42	0.01
IIB10	Clinical: Knowledge: Variations	4.45	4.44	0.02
IIB11	Clinical: Knowledge: Synthesizes	4.41	4.45	-0.04
IIB12	Clinical: Knowledge: Accountability	4.48	4.44	0.04
IIB13	Clinical: Knowledge: Complementary	3.96	4.04	-0.08
IIC1	Clinical: Prevention: Teaches	4.39	4.35	0.05
IIC2	Clinical: Prevention: Research	4.28	4.41	-0.13
IIC3	Clinical: Prevention: Therapeutic	4.30	4.39	-0.09
IIC4	Clinical: Prevention: Modify interventions	4.37	4.49	-0.12
IIC5	Clinical: Prevention: Counsels	4.17	4.36	-0.19
IIC6	Clinical: Prevention: Culturally sensitive	4.15	4.32	-0.16
IIC7	Clinical: Prevention: Clinical programs	4.09	4.20	-0.11
IIC8	Clinical: Prevention: Risk factors	4.14	4.22	-0.08
IIC9	Clinical: Prevention: Assess factors	4.10	4.20	-0.10
IIC10	Clinical: Prevention: Partnerships	4.00	4.06	-0.06

Task	Description	Average Importance		Difference
		CNL Title	**Other Title**	
IIC11	Clinical: Prevention: Holistic plans of care	4.18	4.12	0.06
IIC12	Clinical: Prevention: Theories	4.14	4.21	-0.07
IIC13	Clinical: Prevention: Strategies	4.31	4.34	-0.03
IID1	Clinical: Evidence: Communicates results	4.55	4.52	0.02
IID2	Clinical: Evidence: Measurement tools	4.37	4.30	0.07
IID3	Clinical: Evidence: Clinical judgment	4.45	4.56	-0.11
IID4	Clinical: Evidence: Evidence	4.36	4.42	-0.06
IID5	Clinical: Evidence: Applies data	4.00	4.20	-0.20
IID6	Clinical: Evidence: Reviews datasets	4.27	4.35	-0.08
IID7	Clinical: Evidence: Applies information	4.27	4.35	-0.07
IID8	Clinical: Evidence: Interprets data	4.19	4.35	-0.16
IID9	Clinical: Evidence: Research	4.39	4.48	-0.09
IID10	Clinical: Evidence: Accesses information	4.24	4.43	-0.19
IID11	Clinical: Evidence: Provides leadership	4.50	4.57	-0.07
IID12	Clinical: Evidence: Outcomes	4.43	4.52	-0.10
IID13	Clinical: Evidence: Synthesizes data	4.38	4.54	-0.17
IIE1	Clinical: Assessment: Designs	4.46	4.48	-0.02
IIE2	Clinical: Assessment: Develops	4.42	4.40	0.01
IIE3	Clinical: Assessment: Identifies	4.55	4.46	0.08
IIE4	Clinical: Assessment: Performs	4.21	4.29	-0.08
IIE5	Clinical: Assessment: Pathophysiology	4.43	4.44	-0.01
IIE6	Clinical: Assessment: Clinical judgment	4.52	4.50	0.02
IIE7	Clinical: Assessment: Evaluates	4.24	4.35	-0.11
IIIA1	Care: Team: Supervises	4.51	4.50	0.01
IIIA2	Care: Team: Communication skills	4.80	4.72	0.08
IIIA3	Care: Team: Collaborate	4.73	4.67	0.05
IIIA4	Care: Team: Lateral integration	4.63	4.53	0.10
IIIA5	Care: Team: Interdisciplinary team	4.76	4.64	0.13
IIIA6	Care: Team: Group processes	4.57	4.46	0.11
IIIA7	Care: Team: Conflict resolution	4.41	4.50	-0.09
IIIA8	Care: Team: Work environment	4.67	4.60	0.06
IIIA9	Care: Team: Plans of care	4.58	4.53	0.05
IIIA10	Care: Team: Gap analysis	4.09	4.34	-0.26
IIIB1	Care: Finance: Cost outcomes	4.39	4.52	-0.13
IIIB2	Care: Finance: Serves as steward	4.30	4.41	-0.11
IIIB3	Care: Finance: Anticipates risk	4.37	4.47	-0.09
IIIB4	Care: Finance: Leverages resources	4.06	4.28	-0.22

Task	Description	Average Importance		Difference
		CNL Title	**Other Title**	
IIIB5	Care: Finance: Healthcare technologies	4.25	4.36	-0.10
IIIB6	Care: Finance: Fiscal context	4.25	4.40	-0.15
IIIB7	Care: Finance: Evaluate use of products	4.06	4.24	-0.18
IIIB8	Care: Finance: Resources	4.22	4.27	-0.06
IIIB9	Care: Finance: Evaluate activities	4.04	4.27	-0.23
IIIB11	Care: Finance: Ethical principles	4.24	4.36	-0.12
IIIB12	Care: Finance: Financial policies	4.06	4.28	-0.22
IIIB13	Care: Finance: Research	4.04	4.29	-0.24
IIIB14	Care: Finance: Reimbursement policies	3.94	4.18	-0.25
IIIB15	Care: Finance: Healthcare financing	4.08	4.32	-0.24
IIIC1	Care: Systems: Knowledge dissemination	4.40	4.47	-0.07
IIIC2	Care: Systems: Evidence	4.30	4.41	-0.11
IIIC3	Care: Systems: Strategies	4.11	4.33	-0.23
IIIC4	Care: Systems: Advocates	4.40	4.50	-0.11
IIIC5	Care: Systems: Systems thinking	4.18	4.43	-0.25
IIIC6	Care: Systems: Collaborates	4.43	4.56	-0.13
IIIC7	Care: Systems: QI methods	4.38	4.42	-0.04
IIIC8	Care: Systems: Delivery systems	4.14	4.29	-0.15
IIIC9	Care: Systems: Economic factors	3.90	4.15	-0.26
IIID1	Care: Policy: Multiple perspectives	3.89	4.09	-0.20
IIID2	Care: Policy: Vulnerable populations	4.00	4.15	-0.15
IIID3	Care: Policy: Healthy communities	3.71	3.92	-0.21
IIID4	Care: Policy: Healthcare economics	3.73	4.04	-0.31
IIID5	Care: Policy: Information sources	3.98	4.21	-0.23
IIID6	Care: Policy: Standards of care	4.31	4.40	-0.08
IIID7	Care: Policy: Regulatory controls	4.04	4.25	-0.20
IIID8	Care: Policy: Professional ethic	4.12	4.34	-0.22
IIID10	Care: Policy: Socioeconomic	3.72	4.00	-0.28
IIID11	Care: Policy: Grass roots	3.64	3.83	-0.19
IIIE1	Care: QI: Inconsistencies	4.35	4.50	-0.15
IIIE2	Care: QI: Root cause analysis	4.36	4.43	-0.07
IIIE3	Care: QI: Risk reduction	4.43	4.51	-0.08
IIIE4	Care: QI: Individual client risk	4.42	4.50	-0.08
IIIE5	Care: QI: Economies of care	4.28	4.39	-0.11
IIIE6	Care: QI: Environmental impact	4.21	4.27	-0.06
IIIE7	Care: QI: Collaborates	4.49	4.50	-0.01
IIIE8	Care: QI: Products	4.18	4.30	-0.11

TABLE Q-1
Continued

Task	Description	Average Importance		Difference
		CNL Title	**Other Title**	
IIIE9	Care: QI: Opportunities	4.43	4.49	-0.06
IIIF1	Care: Informatics: Analyzes	4.33	4.28	0.05
IIIF2	Care: Informatics: Applies	4.21	4.28	-0.07
IIIF3	Care: Informatics: Evaluates	4.17	4.17	0.00
IIIF4	Care: Informatics: Incorporates	4.31	4.31	0.00
IIIF5	Care: Informatics: New technologies	4.17	4.20	-0.03
IIIF6	Care: Informatics: Use of technology	4.26	4.24	0.01
IIIF7	Care: Informatics: Validates	4.14	4.19	-0.05
IIIF8	Care: Informatics: Synthesizes	4.16	4.29	-0.13
IIIF9	Care: Informatics: Culturally-relevant	4.14	4.20	-0.06
IIIF10	Care: Informatics: Innovations	4.38	4.38	0.00
IIIF11	Care: Informatics: Interventions	4.20	4.26	-0.05
IIIF12	Care: Informatics: Confidentiality	4.36	4.41	-0.05
IIIF13	Care: Informatics: Leads team	4.34	4.38	-0.04
IIIF14	Care: Informatics: Communication	4.26	4.38	-0.11
IIIF15	Care: Informatics: Interdisciplinary team	4.10	4.28	-0.17
IIIG1	Care: Ethics: Conflicts of interest	4.34	4.40	-0.06
IIIG2	Care: Ethics: Diverse values	4.30	4.44	-0.14
IIIG3	Care: Ethics: Advocate	4.31	4.43	-0.13
IIIG4	Care: Ethics: Peaceful death	4.47	4.50	-0.04
IIIG5	Care: Ethics: Dilemmas	4.38	4.42	-0.04
IIIG6	Care: Ethics: Personal conflicts	4.39	4.43	-0.04
IIIG7	Care: Ethics: Committee	4.37	4.42	-0.05

Appendix R: Importance of Task Elements by Practice Setting

TABLE R-1

Importance of Task Elements by Practice Setting

Task	Description	Average Importance		Difference
		Acute Care	**Other Setting**	
IB16	Leadership: Skills: Accountability	4.64	4.48	0.16*
IC1	Leadership: Advocacy: Health goals	3.68	3.97	-0.28*
IC2	Leadership: Advocacy: Delivery system	4.22	4.42	-0.20*
IC4	Leadership: Advocacy: Population needs	4.15	4.38	-0.24*
IC5	Leadership: Advocacy: Healthcare issues	3.94	4.18	-0.25*
IC6	Leadership: Advocacy: Research	3.97	4.38	-0.41**
IC8	Leadership: Advocacy: Chain of command	4.46	4.27	0.19*
IIA8	Clinical: Illness: Patterns	4.20	4.47	-0.27*
IIA20	Clinical: Illness: Genetics	3.80	4.17	-0.37*
IIB3	Clinical: Knowledge: Epidemiological	3.94	4.22	-0.28*
IIB8	Clinical: Knowledge: Benchmarks	4.53	4.33	0.21*
IIC1	Clinical: Prevention: Teaches	4.23	4.54	-0.31*
IIC5	Clinical: Prevention: Counsels	4.21	4.42	-0.20*
IIC6	Clinical: Prevention: Culturally sensitive	4.18	4.40	-0.22*
IIC9	Clinical: Prevention: Assess factors	4.05	4.32	-0.27*
IIIB13	Care: Finance: Research	4.11	4.37	-0.26*
IIID2	Care: Policy: Vulnerable populations	3.97	4.32	-0.35**
IIID3	Care: Policy: Healthy communities	3.68	4.13	-0.45**
IIID4	Care: Policy: Healthcare economics	3.84	4.12	-0.28*
IIID8	Care: Policy: Professional ethic	4.17	4.45	-0.28*
IIID9	Care: Policy: Political processes	3.91	4.27	-0.36**
IIID10	Care: Policy: Socioeconomic	3.76	4.16	-0.40**
IIID11	Care: Policy: Grass roots	3.56	4.05	-0.49**
IIID12	Care: Policy: Global issues	3.66	4.14	-0.48**
IIIG1	Care: Ethics: Conflicts of interest	4.26	4.55	-0.29*
IIIG2	Care: Ethics: Diverse values	4.27	4.59	-0.31**
IA1	Leadership: Horizontal: Theories	3.92	4.09	-0.17
IA2	Leadership: Horizontal: Evidence, decisions	4.73	4.72	0.01
IA3	Leadership: Horizontal: Microsystem	4.50	4.48	0.02
IA4	Leadership: Horizontal: Plans of care	4.51	4.53	-0.02
IA5	Leadership: Horizontal: Evaluation	4.16	4.11	0.05
IA6	Leadership: Horizontal: Lateral integrator	4.52	4.38	0.14
IA7	Leadership: Horizontal: Group processes	4.39	4.34	0.04
IA8	Leadership: Horizontal: Coaches	4.53	4.45	0.08
IA9	Leadership: Horizontal: Evidence, needs	4.61	4.59	0.02

Task	Description	Average Importance		Difference
		Acute Care	**Other Setting**	
IA10	Leadership: Horizontal: Ethical care	4.59	4.54	0.06
IA11	Leadership: Horizontal: QI methods	4.54	4.63	-0.09
IB1	Leadership: Skills: Relationships	4.68	4.63	0.06
IB2	Leadership: Skills: Decisions	4.62	4.60	0.02
IB3	Leadership: Skills: Group interactions	4.28	4.27	0.01
IB4	Leadership: Skills: Therapeutic alliance	4.34	4.43	-0.10
IB5	Leadership: Skills: Communicates	4.38	4.36	0.02
IB6	Leadership: Skills: Group processes	4.28	4.31	-0.03
IB7	Leadership: Skills: Science concepts	4.07	4.22	-0.15
IB8	Leadership: Skills: Quant and qual data	4.25	4.25	0.00
IB9	Leadership: Skills: Scientific process	4.32	4.36	-0.05
IB10	Leadership: Skills: Synthesizes info	4.52	4.55	-0.03
IB11	Leadership: Skills: Barriers	4.03	4.22	-0.18
IB12	Leadership: Skills: Client values	4.34	4.41	-0.07
IB13	Leadership: Skills: Documentation	4.28	4.40	-0.12
IB14	Leadership: Skills: Team members	4.60	4.47	0.12
IB15	Leadership: Skills: Conflict resolution	4.28	4.22	0.06
IC3	Leadership: Advocacy: Plan of care	4.43	4.49	-0.06
IC7	Leadership: Advocacy: Client advocate	4.36	4.48	-0.12
IC9	Leadership: Advocacy: Promote fairness	4.49	4.59	-0.10
IC10	Leadership: Advocacy: Improvement	4.52	4.50	0.02
ID1	Leadership: Integration: Significance	4.38	4.50	-0.12
ID2	Leadership: Integration: Advocates	4.53	4.49	0.03
ID3	Leadership: Integration: Identity	4.71	4.67	0.04
ID4	Leadership: Integration: Competencies	4.69	4.70	0.00
ID5	Leadership: Integration: Learning	4.69	4.73	-0.04
ID6	Leadership: Integration: Standards	4.36	4.41	-0.05
ID7	Leadership: Integration: History	4.25	4.27	-0.02
ID8	Leadership: Integration: Scope of practice	4.57	4.63	-0.06
ID9	Leadership: Integration: Value	4.23	4.37	-0.15
ID10	Leadership: Integration: Professional nurse	4.51	4.54	-0.03
ID11	Leadership: Integration: Personal goals	4.57	4.55	0.02
ID12	Leadership: Integration: Agendas	4.52	4.60	-0.07
ID13	Leadership: Integration: Mentors	4.55	4.58	-0.02
ID14	Leadership: Integration: CNL Impact	4.01	4.23	-0.22
ID15	Leadership: Integration: Research	3.82	3.77	0.04
IE1	Leadership: Lateral: Delivers	4.49	4.38	0.11

Task	Description	Average Importance		Difference
		Acute Care	**Other Setting**	
IE2	Leadership: Lateral: Coordinates	4.43	4.41	0.01
IE3	Leadership: Lateral: Develops	4.24	4.29	-0.05
IE4	Leadership: Lateral: Fosters	4.45	4.61	-0.16
IE5	Leadership: Lateral: Performs	4.36	4.37	-0.02
IE6	Leadership: Lateral: Collaborates	4.57	4.53	0.04
IE7	Leadership: Lateral: Disseminates	4.47	4.44	0.03
IIA1	Clinical: Illness: Responsibility	4.26	4.28	-0.01
IIA2	Clinical: Illness: Coordinates	4.23	4.35	-0.12
IIA3	Clinical: Illness: Client problems	4.52	4.43	0.09
IIA4	Clinical: Illness: Client care	4.47	4.49	-0.03
IIA5	Clinical: Illness: Holistic Assessment	4.25	4.37	-0.13
IIA6	Clinical: Illness: Theories	4.03	4.26	-0.23
IIA7	Clinical: Illness: Resources	4.23	4.26	-0.03
IIA9	Clinical: Illness: Educates	4.45	4.49	-0.04
IIA10	Clinical: Illness: Pathophysiology	4.38	4.45	-0.07
IIA11	Clinical: Illness: Reimbursement	3.92	4.13	-0.21
IIA12	Clinical: Illness: Discharge	4.33	4.42	-0.09
IIA13	Clinical: Illness: Research	4.42	4.46	-0.04
IIA14	Clinical: Illness: Protocols	4.46	4.53	-0.07
IIA15	Clinical: Illness: Palliative care	4.22	4.38	-0.16
IIA16	Clinical: Illness: Cultural relevance	4.19	4.38	-0.19
IIA17	Clinical: Illness: Technologies	4.18	4.38	-0.20
IIA18	Clinical: Illness: Literature	4.35	4.39	-0.04
IIA19	Clinical: Illness: Client satisfaction	4.15	4.22	-0.08
IIA21	Clinical: Illness: Education programs	4.11	4.16	-0.05
IIA22	Clinical: Illness: Infection control	4.37	4.45	-0.08
IIA23	Clinical: Illness: Advanced assessment	4.42	4.35	0.07
IIB1	Clinical: Knowledge: Research-based	4.56	4.62	-0.06
IIB2	Clinical: Knowledge: Outcomes	4.54	4.66	-0.12
IIB4	Clinical: Knowledge: Disease	3.85	4.03	-0.18
IIB5	Clinical: Knowledge: Disaster	3.63	3.91	-0.27
IIB6	Clinical: Knowledge: Client risks	4.37	4.30	0.07
IIB7	Clinical: Knowledge: Risk analysis	4.21	4.19	0.02
IIB9	Clinical: Knowledge: Modify risks	4.45	4.35	0.10
IIB10	Clinical: Knowledge: Variations	4.46	4.40	0.06
IIB11	Clinical: Knowledge: Synthesizes	4.43	4.46	-0.03
IIB12	Clinical: Knowledge: Accountability	4.46	4.44	0.02

Task	Description	Average Importance		Difference
		Acute Care	**Other Setting**	
IIB13	Clinical: Knowledge: Complementary	3.93	4.13	-0.20
IIC2	Clinical: Prevention: Research	4.30	4.49	-0.19
IIC3	Clinical: Prevention: Therapeutic	4.30	4.48	-0.18
IIC4	Clinical: Prevention: Modify interventions	4.40	4.54	-0.13
IIC7	Clinical: Prevention: Clinical programs	4.10	4.29	-0.19
IIC8	Clinical: Prevention: Risk factors	4.11	4.32	-0.21
IIC10	Clinical: Prevention: Partnerships	3.97	4.13	-0.16
IIC11	Clinical: Prevention: Holistic plans of care	4.03	4.26	-0.22
IIC12	Clinical: Prevention: Theories	4.13	4.23	-0.10
IIC13	Clinical: Prevention: Strategies	4.27	4.41	-0.14
IID1	Clinical: Evidence: Communicates results	4.51	4.55	-0.04
IID2	Clinical: Evidence: Measurement tools	4.29	4.35	-0.05
IID3	Clinical: Evidence: Clinical judgment	4.52	4.53	-0.01
IID4	Clinical: Evidence: Evidence	4.37	4.45	-0.08
IID5	Clinical: Evidence: Applies data	4.05	4.29	-0.24
IID6	Clinical: Evidence: Reviews datasets	4.30	4.36	-0.06
IID7	Clinical: Evidence: Applies information	4.27	4.40	-0.13
IID8	Clinical: Evidence: Interprets data	4.28	4.35	-0.08
IID9	Clinical: Evidence: Research	4.43	4.51	-0.08
IID10	Clinical: Evidence: Accesses information	4.37	4.40	-0.03
IID11	Clinical: Evidence: Provides leadership	4.54	4.57	-0.03
IID12	Clinical: Evidence: Outcomes	4.47	4.54	-0.07
IID13	Clinical: Evidence: Synthesizes data	4.50	4.49	0.01
IIE1	Clinical: Assessment: Designs	4.48	4.43	0.04
IIE2	Clinical: Assessment: Develops	4.41	4.39	0.03
IIE3	Clinical: Assessment: Identifies	4.54	4.39	0.16
IIE4	Clinical: Assessment: Performs	4.18	4.39	-0.20
IIE5	Clinical: Assessment: Pathophysiology	4.41	4.47	-0.06
IIE6	Clinical: Assessment: Clinical judgment	4.49	4.50	-0.01
IIE7	Clinical: Assessment: Evaluates	4.26	4.39	-0.12
IIIA1	Care: Team: Supervises	4.54	4.43	0.12
IIIA2	Care: Team: Communication skills	4.77	4.70	0.07
IIIA3	Care: Team: Collaborate	4.68	4.69	0.00
IIIA4	Care: Team: Lateral integration	4.54	4.57	-0.03
IIIA5	Care: Team: Interdisciplinary team	4.68	4.65	0.03
IIIA6	Care: Team: Group processes	4.51	4.46	0.05
IIIA7	Care: Team: Conflict resolution	4.47	4.48	-0.01

Task	Description	Average Importance		Difference
		Acute Care	**Other Setting**	
IIIA8	Care: Team: Work environment	4.66	4.56	0.10
IIIA9	Care: Team: Plans of care	4.57	4.50	0.07
IIIA10	Care: Team: Gap analysis	4.24	4.33	-0.09
IIIB1	Care: Finance: Cost outcomes	4.43	4.57	-0.15
IIIB2	Care: Finance: Serves as steward	4.37	4.38	-0.01
IIIB3	Care: Finance: Anticipates risk	4.42	4.46	-0.04
IIIB4	Care: Finance: Leverages resources	4.17	4.30	-0.13
IIIB5	Care: Finance: Healthcare technologies	4.34	4.33	0.01
IIIB6	Care: Finance: Fiscal context	4.33	4.39	-0.06
IIIB7	Care: Finance: Evaluate use of products	4.19	4.19	0.00
IIIB8	Care: Finance: Resources	4.21	4.32	-0.11
IIIB9	Care: Finance: Evaluate activities	4.14	4.30	-0.16
IIIB10	Care: Finance: Business principles	3.99	4.18	-0.19
IIIB11	Care: Finance: Ethical principles	4.29	4.39	-0.10
IIIB12	Care: Finance: Financial policies	4.16	4.31	-0.15
IIIB14	Care: Finance: Reimbursement policies	4.07	4.18	-0.12
IIIB15	Care: Finance: Healthcare financing	4.16	4.39	-0.22
IIIC1	Care: Systems: Knowledge dissemination	4.44	4.47	-0.03
IIIC2	Care: Systems: Evidence	4.37	4.41	-0.05
IIIC3	Care: Systems: Strategies	4.17	4.42	-0.24
IIIC4	Care: Systems: Advocates	4.50	4.42	0.08
IIIC5	Care: Systems: Systems thinking	4.29	4.47	-0.18
IIIC6	Care: Systems: Collaborates	4.50	4.56	-0.06
IIIC7	Care: Systems: QI methods	4.43	4.38	0.04
IIIC8	Care: Systems: Delivery systems	4.23	4.29	-0.07
IIIC9	Care: Systems: Economic factors	4.01	4.20	-0.19
IIID1	Care: Policy: Multiple perspectives	3.96	4.16	-0.19
IIID5	Care: Policy: Information sources	4.09	4.25	-0.17
IIID6	Care: Policy: Standards of care	4.38	4.35	0.03
IIID7	Care: Policy: Regulatory controls	4.13	4.29	-0.16
IIID13	Care: Policy: Legal processes	4.04	4.22	-0.19
IIIE1	Care: QI: Inconsistencies	4.43	4.50	-0.07
IIIE2	Care: QI: Root cause analysis	4.42	4.41	0.01
IIIE3	Care: QI: Risk reduction	4.50	4.47	0.03
IIIE4	Care: QI: Individual client risk	4.46	4.49	-0.03
IIIE5	Care: QI: Economies of care	4.33	4.41	-0.08
IIIE6	Care: QI: Environmental impact	4.20	4.35	-0.15

| Task | Description | Average Importance | | Difference |
		Acute Care	Other Setting	
IIIE7	Care: QI: Collaborates	4.53	4.47	0.06
IIIE8	Care: QI: Products	4.26	4.27	-0.02
IIIE9	Care: QI: Opportunities	4.49	4.47	0.02
IIIF1	Care: Informatics: Analyzes	4.29	4.30	-0.01
IIIF2	Care: Informatics: Applies	4.26	4.25	0.01
IIIF3	Care: Informatics: Evaluates	4.19	4.14	0.04
IIIF4	Care: Informatics: Incorporates	4.30	4.31	0.00
IIIF5	Care: Informatics: New technologies	4.13	4.28	-0.15
IIIF6	Care: Informatics: Use of technology	4.19	4.32	-0.13
IIIF7	Care: Informatics: Validates	4.14	4.24	-0.10
IIIF8	Care: Informatics: Synthesizes	4.21	4.30	-0.10
IIIF9	Care: Informatics: Culturally-relevant	4.14	4.24	-0.11
IIIF10	Care: Informatics: Innovations	4.38	4.38	0.00
IIIF11	Care: Informatics: Interventions	4.21	4.28	-0.07
IIIF12	Care: Informatics: Confidentiality	4.37	4.42	-0.04
IIIF13	Care: Informatics: Leads team	4.41	4.32	0.09
IIIF14	Care: Informatics: Communication	4.33	4.36	-0.02
IIIF15	Care: Informatics: Interdisciplinary team	4.19	4.29	-0.10
IIIG3	Care: Ethics: Advocate	4.34	4.49	-0.16
IIIG4	Care: Ethics: Peaceful death	4.44	4.57	-0.13
IIIG5	Care: Ethics: Dilemmas	4.34	4.49	-0.15
IIIG6	Care: Ethics: Personal conflicts	4.35	4.51	-0.16
IIIG7	Care: Ethics: Committee	4.36	4.48	-0.12

Appendix S: Importance of Task Elements by Geographic Region

TABLE S-1
Importance of Task Elements by Geographic Region

Task	Average Importance				Group Differences					
	North(N)	South(S)	Midwest(M)	West(W)	(N) & (S)	(N) & (M)	(N) & (W)	(S) & (M)	(S) & (W)	(M) & (W)
IA3	4.33	4.73	4.49	4.44	-0.40*	-0.15	-0.10	0.24	0.29	0.05
IA9	4.63	4.79	4.59	4.47	-0.16	0.04	0.16	0.20	0.32*	0.12
IIE4	4.42	4.49	4.23	3.84	-0.06	0.19	0.59*	0.26	0.65**	0.39
IIIC5	4.10	4.37	4.34	4.61	-0.27	-0.25	-0.51*	0.02	-0.25	-0.27
IIID7	4.25	4.37	3.91	4.37	-0.12	0.34	-0.12	0.46*	0.00	-0.46*
IA1	3.95	4.15	3.86	4.15	-0.20	0.09	-0.20	0.29	0.00	-0.29
IA2	4.77	4.83	4.72	4.64	-0.06	0.05	0.13	0.11	0.19	0.08
IA4	4.52	4.67	4.57	4.35	-0.14	-0.05	0.18	0.10	0.32	0.22
IA5	4.27	4.25	4.13	3.98	0.02	0.14	0.29	0.13	0.27	0.15
IA6	4.64	4.65	4.39	4.32	-0.01	0.25	0.32	0.25	0.33	0.08
IA7	4.42	4.52	4.31	4.35	-0.10	0.11	0.07	0.21	0.17	-0.04
IA8	4.66	4.58	4.45	4.36	0.08	0.21	0.30	0.13	0.22	0.08
IA10	4.60	4.61	4.54	4.50	0.00	0.06	0.10	0.07	0.11	0.04
IA11	4.56	4.61	4.53	4.60	-0.05	0.03	-0.04	0.08	0.01	-0.07
IB1	4.79	4.77	4.64	4.55	0.01	0.14	0.23	0.13	0.22	0.09
IB2	4.72	4.64	4.60	4.50	0.08	0.12	0.22	0.04	0.14	0.10
IB3	4.38	4.25	4.25	4.29	0.12	0.13	0.09	0.01	-0.03	-0.04
IB4	4.34	4.51	4.30	4.25	-0.17	0.04	0.09	0.21	0.26	0.05
IB5	4.49	4.34	4.27	4.44	0.15	0.21	0.04	0.07	-0.10	-0.17
IB6	4.41	4.38	4.20	4.28	0.03	0.22	0.14	0.19	0.11	-0.08
IB7	4.14	4.21	4.05	4.24	-0.07	0.09	-0.10	0.16	-0.03	-0.19
IB8	4.12	4.43	4.14	4.38	-0.31	-0.02	-0.26	0.29	0.05	-0.24
IB9	4.34	4.38	4.29	4.27	-0.04	0.05	0.07	0.10	0.12	0.02

TABLE S-1
Continued

Task	Average Importance				Group Differences					
	North(N)	South(S)	Midwest(M)	West(W)	(N) & (S)	(N) & (M)	(N) & (W)	(S) & (M)	(S) & (W)	(M) & (W)
IB10	4.52	4.58	4.44	4.63	-0.05	0.09	-0.11	0.14	-0.05	-0.19
IB11	4.07	4.18	4.07	4.11	-0.11	0.00	-0.04	0.11	0.07	-0.04
IB12	4.37	4.39	4.35	4.39	-0.03	0.01	-0.03	0.04	0.00	-0.04
IB13	4.44	4.44	4.13	4.29	0.00	0.32	0.15	0.32	0.15	-0.16
IB14	4.58	4.62	4.58	4.43	-0.03	0.00	0.15	0.03	0.18	0.15
IB15	4.40	4.35	4.20	4.23	0.05	0.20	0.17	0.16	0.13	-0.03
IB16	4.65	4.60	4.56	4.55	0.06	0.10	0.11	0.04	0.05	0.01
IC1	3.75	3.89	3.69	3.89	-0.14	0.06	-0.14	0.20	0.00	-0.19
IC2	4.28	4.45	4.22	4.26	-0.17	0.05	0.02	0.23	0.19	-0.03
IC3	4.49	4.47	4.52	4.29	0.02	-0.03	0.20	-0.05	0.18	0.23
IC4	4.12	4.39	4.12	4.33	-0.27	0.00	-0.21	0.27	0.06	-0.21
IC5	3.76	4.19	3.98	4.22	-0.44	-0.23	-0.46	0.21	-0.03	-0.24
IC6	4.05	4.35	4.09	4.05	-0.31	-0.04	0.00	0.26	0.30	0.04
IC7	4.32	4.54	4.47	4.22	-0.22	-0.15	0.10	0.07	0.32	0.25
IC8	4.39	4.48	4.35	4.28	-0.09	0.04	0.11	0.13	0.20	0.07
IC9	4.53	4.63	4.47	4.45	-0.09	0.06	0.09	0.16	0.18	0.02
IC10	4.47	4.63	4.47	4.55	-0.16	-0.01	-0.09	0.16	0.07	-0.08
ID1	4.38	4.65	4.42	4.28	-0.27	-0.05	0.10	0.23	0.37	0.14
ID2	4.45	4.69	4.57	4.37	-0.24	-0.12	0.08	0.12	0.32	0.20
ID3	4.69	4.77	4.68	4.72	-0.08	0.01	-0.03	0.09	0.05	-0.04
ID4	4.73	4.75	4.73	4.64	-0.02	0.00	0.09	0.02	0.11	0.09
ID5	4.74	4.74	4.73	4.66	0.01	0.02	0.08	0.01	0.08	0.07
ID6	4.36	4.51	4.34	4.34	-0.15	0.01	0.02	0.17	0.17	0.00
ID7	4.14	4.48	4.20	4.09	-0.34	-0.06	0.05	0.28	0.39	0.11
ID8	4.70	4.62	4.58	4.49	0.08	0.12	0.21	0.05	0.13	0.09

TABLE S-1
Continued

Task	Average Importance				Group Differences					
	North(N)	South(S)	Midwest(M)	West(W)	(N) & (S)	(N) & (M)	(N) & (W)	(S) & (M)	(S) & (W)	(M) & (W)
ID9	4.26	4.44	4.28	4.15	-0.18	-0.02	0.11	0.16	0.29	0.13
ID10	4.56	4.58	4.46	4.48	-0.01	0.10	0.09	0.11	0.10	-0.01
ID11	4.53	4.60	4.56	4.59	-0.07	-0.02	-0.05	0.05	0.02	-0.03
ID12	4.47	4.62	4.54	4.64	-0.16	-0.07	-0.18	0.09	-0.02	-0.11
ID13	4.56	4.60	4.58	4.52	-0.04	-0.02	0.04	0.01	0.07	0.06
ID14	4.13	4.30	3.97	4.00	-0.17	0.17	0.13	0.34	0.30	-0.03
ID15	3.87	3.92	3.74	3.74	-0.05	0.13	0.13	0.18	0.17	-0.01
IE1	4.51	4.48	4.44	4.36	0.03	0.07	0.16	0.04	0.13	0.09
IE2	4.54	4.52	4.39	4.22	0.02	0.15	0.32	0.13	0.30	0.17
IE3	4.26	4.35	4.32	4.00	-0.10	-0.06	0.26	0.03	0.35	0.32
IE4	4.49	4.58	4.55	4.41	-0.09	-0.06	0.08	0.03	0.16	0.14
IE5	4.40	4.33	4.42	4.20	0.07	-0.02	0.21	-0.09	0.14	0.23
IE6	4.67	4.53	4.59	4.43	0.15	0.09	0.25	-0.06	0.10	0.16
IE7	4.40	4.57	4.46	4.33	-0.16	-0.06	0.07	0.10	0.24	0.13
IIA1	4.33	4.36	4.20	4.13	-0.03	0.13	0.20	0.16	0.23	0.07
IIA2	4.39	4.33	4.26	4.16	0.07	0.13	0.24	0.06	0.17	0.10
IIA3	4.54	4.48	4.58	4.33	0.06	-0.04	0.21	-0.11	0.14	0.25
IIA4	4.44	4.53	4.54	4.37	-0.09	-0.10	0.08	-0.01	0.16	0.17
IIA5	4.30	4.33	4.31	4.21	-0.02	0.00	0.09	0.02	0.12	0.10
IIA6	4.23	4.15	3.97	4.21	0.08	0.26	0.02	0.18	-0.06	-0.24
IIA7	4.20	4.27	4.23	4.24	-0.07	-0.03	-0.04	0.04	0.03	-0.01
IIA8	4.42	4.26	4.32	4.28	0.16	0.10	0.13	-0.06	-0.02	0.04
IIA9	4.62	4.39	4.52	4.35	0.23	0.10	0.27	-0.13	0.04	0.17
IIA10	4.54	4.38	4.44	4.29	0.16	0.10	0.25	-0.07	0.09	0.15
IIA11	3.94	4.13	3.90	3.89	-0.19	0.04	0.04	0.23	0.24	0.01

TABLE S-1
Continued

Task	Average Importance				Group Differences					
	North(N)	South(S)	Midwest(M)	West(W)	(N) & (S)	(N) & (M)	(N) & (W)	(S) & (M)	(S) & (W)	(M) & (W)
IIA12	4.42	4.43	4.39	4.23	-0.01	0.03	0.20	0.04	0.21	0.16
IIA13	4.49	4.40	4.47	4.44	0.08	0.02	0.05	-0.07	-0.03	0.03
IIA14	4.37	4.58	4.50	4.54	-0.21	-0.13	-0.17	0.08	0.04	-0.04
IIA15	4.32	4.37	4.31	4.13	-0.05	0.02	0.20	0.06	0.24	0.18
IIA16	4.22	4.31	4.29	4.25	-0.10	-0.07	-0.03	0.02	0.06	0.04
IIA17	4.26	4.30	4.23	4.16	-0.05	0.03	0.10	0.07	0.14	0.07
IIA18	4.39	4.39	4.38	4.33	0.00	0.01	0.06	0.01	0.06	0.05
IIA19	4.24	4.14	4.22	4.03	0.10	0.01	0.21	-0.08	0.11	0.19
IIA20	3.82	4.02	3.95	3.94	-0.21	-0.13	-0.12	0.07	0.09	0.01
IIA21	4.07	4.07	4.11	4.22	0.00	-0.04	-0.15	-0.04	-0.15	-0.11
IIA22	4.39	4.42	4.46	4.24	-0.03	-0.07	0.15	-0.04	0.17	0.22
IIA23	4.49	4.42	4.47	4.11	0.06	0.02	0.38	-0.05	0.32	0.36
IIB1	4.66	4.60	4.61	4.55	0.05	0.05	0.11	0.00	0.05	0.06
IIB2	4.68	4.63	4.51	4.63	0.05	0.17	0.05	0.12	0.01	-0.12
IIB3	4.13	4.07	3.91	4.15	0.06	0.21	-0.03	0.16	-0.08	-0.24
IIB4	4.07	3.86	3.91	3.81	0.20	0.16	0.26	-0.04	0.05	0.10
IIB5	3.57	3.82	3.73	3.83	-0.25	-0.16	-0.27	0.09	-0.02	-0.10
IIB6	4.50	4.28	4.40	4.26	0.22	0.10	0.24	-0.12	0.01	0.13
IIB7	4.26	4.19	4.28	4.11	0.07	-0.02	0.15	-0.09	0.08	0.17
IIB8	4.50	4.36	4.57	4.45	0.14	-0.07	0.05	-0.20	-0.09	0.12
IIB9	4.39	4.36	4.47	4.49	0.03	-0.08	-0.10	-0.10	-0.13	-0.02
IIB10	4.38	4.47	4.53	4.43	-0.09	-0.15	-0.05	-0.07	0.04	0.11
IIB11	4.37	4.43	4.50	4.45	-0.07	-0.13	-0.08	-0.07	-0.01	0.05
IIB12	4.39	4.48	4.52	4.53	-0.08	-0.13	-0.13	-0.05	-0.05	0.00
IIB13	4.03	3.89	3.88	4.23	0.14	0.15	-0.20	0.01	-0.34	-0.35

TABLE S-1
Continued

Task	Average Importance				Group Differences					
	North(N)	South(S)	Midwest(M)	West(W)	(N) & (S)	(N) & (M)	(N) & (W)	(S) & (M)	(S) & (W)	(M) & (W)
IIC1	4.27	4.35	4.44	4.32	-0.08	-0.17	-0.05	-0.09	0.02	0.12
IIC2	4.29	4.53	4.38	4.34	-0.25	-0.09	-0.06	0.16	0.19	0.03
IIC3	4.38	4.44	4.33	4.44	-0.06	0.05	-0.05	0.12	0.01	-0.11
IIC4	4.49	4.46	4.47	4.53	0.03	0.02	-0.04	-0.01	-0.07	-0.06
IIC5	4.39	4.23	4.29	4.29	0.16	0.10	0.10	-0.06	-0.06	0.00
IIC6	4.38	4.23	4.20	4.27	0.16	0.19	0.11	0.03	-0.04	-0.07
IIC7	4.10	4.14	4.07	4.50	-0.04	0.03	-0.40	0.07	-0.36	-0.43
IIC8	4.28	4.23	4.09	4.28	0.05	0.20	0.00	0.14	-0.05	-0.19
IIC9	4.06	4.19	4.08	4.27	-0.13	-0.02	-0.21	0.10	-0.09	-0.19
IIC10	3.93	3.98	4.04	4.22	-0.04	-0.11	-0.29	-0.06	-0.24	-0.18
IIC11	3.94	4.04	4.17	4.17	-0.11	-0.23	-0.23	-0.13	-0.13	0.00
IIC12	4.17	4.16	4.13	4.29	0.01	0.04	-0.12	0.03	-0.14	-0.17
IIC13	4.26	4.35	4.34	4.28	-0.08	-0.08	-0.02	0.00	0.07	0.06
IID1	4.54	4.51	4.51	4.54	0.03	0.03	0.00	0.00	-0.03	-0.03
IID2	4.39	4.41	4.24	4.27	-0.02	0.15	0.12	0.17	0.14	-0.03
IID3	4.57	4.49	4.52	4.49	0.08	0.05	0.08	-0.03	0.00	0.04
IID4	4.35	4.40	4.40	4.45	-0.05	-0.04	-0.09	0.01	-0.04	-0.05
IID5	4.03	4.35	3.90	4.26	-0.32	0.13	-0.23	0.45	0.08	-0.36
IID6	4.29	4.34	4.30	4.39	-0.05	0.00	-0.09	0.04	-0.05	-0.09
IID7	4.21	4.37	4.31	4.29	-0.16	-0.10	-0.08	0.06	0.08	0.02
IID8	4.18	4.35	4.27	4.45	-0.17	-0.10	-0.27	0.07	-0.10	-0.17
IID9	4.44	4.51	4.44	4.51	-0.07	0.01	-0.07	0.07	0.00	-0.08
IID10	4.47	4.40	4.33	4.47	0.07	0.14	0.00	0.08	-0.07	-0.15
IID11	4.49	4.63	4.55	4.58	-0.14	-0.06	-0.09	0.08	0.05	-0.03
IID12	4.36	4.65	4.49	4.51	-0.29	-0.13	-0.15	0.16	0.14	-0.02

Task	Average Importance				Group Differences					
	North(N)	South(S)	Midwest(M)	West(W)	(N) & (S)	(N) & (M)	(N) & (W)	(S) & (M)	(S) & (W)	(M) & (W)
IID13	4.42	4.53	4.52	4.56	-0.12	-0.10	-0.14	0.02	-0.02	-0.04
IIE1	4.56	4.57	4.51	4.16	-0.01	0.05	0.40	0.06	0.40	0.35
IIE2	4.44	4.56	4.43	4.08	-0.11	0.02	0.36	0.13	0.47	0.35
IIE3	4.59	4.48	4.57	4.20	0.12	0.02	0.39	-0.09	0.28	0.37
IIE5	4.47	4.52	4.47	4.23	-0.05	0.00	0.24	0.05	0.29	0.24
IIE6	4.58	4.51	4.57	4.28	0.07	0.01	0.31	-0.06	0.24	0.30
IIE7	4.30	4.43	4.28	4.14	-0.14	0.02	0.16	0.16	0.30	0.14
IIIA1	4.55	4.48	4.60	4.34	0.07	-0.05	0.21	-0.12	0.13	0.25
IIIA2	4.69	4.64	4.88	4.72	0.04	-0.19	-0.03	-0.24	-0.08	0.16
IIIA3	4.72	4.56	4.78	4.72	0.16	-0.06	0.00	-0.23	-0.17	0.06
IIIA4	4.41	4.48	4.58	4.68	-0.07	-0.17	-0.27	-0.10	-0.20	-0.10
IIIA5	4.63	4.67	4.75	4.67	-0.04	-0.13	-0.04	-0.08	0.00	0.08
IIIA6	4.29	4.48	4.57	4.49	-0.19	-0.28	-0.20	-0.09	-0.01	0.08
IIIA7	4.23	4.41	4.51	4.67	-0.18	-0.28	-0.44	-0.10	-0.26	-0.16
IIIA8	4.57	4.61	4.67	4.61	-0.05	-0.10	-0.04	-0.05	0.00	0.06
IIIA9	4.63	4.60	4.61	4.26	0.03	0.02	0.37	-0.01	0.34	0.35
IIIA10	4.04	4.38	4.29	4.23	-0.34	-0.25	-0.19	0.09	0.16	0.06
IIIB1	4.44	4.60	4.43	4.50	-0.16	0.01	-0.06	0.16	0.10	-0.07
IIIB2	4.17	4.40	4.36	4.38	-0.23	-0.19	-0.21	0.04	0.02	-0.02
IIIB3	4.45	4.43	4.46	4.32	0.02	-0.01	0.13	-0.03	0.11	0.14
IIIB4	4.03	4.20	4.10	4.41	-0.16	-0.07	-0.38	0.09	-0.22	-0.31
IIIB5	4.34	4.30	4.23	4.44	0.04	0.11	-0.10	0.07	-0.14	-0.21
IIIB6	4.26	4.43	4.27	4.53	-0.17	-0.01	-0.27	0.16	-0.10	-0.26
IIIB7	4.19	4.26	3.93	4.37	-0.07	0.26	-0.18	0.33	-0.11	-0.44
IIIB8	4.23	4.29	4.19	4.41	-0.06	0.04	-0.19	0.10	-0.13	-0.22

TABLE S-1
Continued

Task	Average Importance				Group Differences					
	North(N)	South(S)	Midwest(M)	West(W)	(N) & (S)	(N) & (M)	(N) & (W)	(S) & (M)	(S) & (W)	(M) & (W)
IIIB9	4.03	4.20	4.15	4.32	-0.16	-0.11	-0.29	0.05	-0.13	-0.18
IIIB10	4.03	4.00	3.96	4.25	0.03	0.07	-0.22	0.04	-0.25	-0.29
IIIB11	4.23	4.38	4.28	4.42	-0.14	-0.04	-0.18	0.10	-0.04	-0.14
IIIB12	4.03	4.30	4.11	4.42	-0.27	-0.07	-0.39	0.19	-0.12	-0.32
IIIB13	4.04	4.31	4.09	4.36	-0.27	-0.06	-0.33	0.22	-0.06	-0.27
IIIB14	4.12	4.28	3.94	4.21	-0.16	0.17	-0.10	0.33	0.06	-0.27
IIIB15	4.30	4.38	4.09	4.35	-0.08	0.20	-0.06	0.28	0.02	-0.26
IIIC1	4.38	4.45	4.42	4.64	-0.08	-0.05	-0.26	0.03	-0.19	-0.22
IIIC2	4.41	4.43	4.36	4.42	-0.02	0.04	-0.01	0.07	0.01	-0.05
IIIC3	4.10	4.36	4.24	4.38	-0.25	-0.14	-0.28	0.12	-0.03	-0.14
IIIC4	4.47	4.35	4.50	4.64	0.12	-0.03	-0.17	-0.15	-0.29	-0.14
IIIC6	4.45	4.51	4.56	4.51	-0.06	-0.11	-0.06	-0.05	0.00	0.05
IIIC7	4.34	4.36	4.41	4.56	-0.01	-0.07	-0.21	-0.06	-0.20	-0.14
IIIC8	4.22	4.32	4.18	4.39	-0.10	0.04	-0.17	0.14	-0.07	-0.21
IIIC9	4.10	4.20	3.98	4.11	-0.10	0.12	-0.01	0.21	0.08	-0.13
IIID1	4.17	4.18	3.91	4.14	-0.01	0.26	0.03	0.26	0.04	-0.22
IIID2	4.22	4.29	3.97	4.14	-0.07	0.25	0.08	0.32	0.15	-0.17
IIID3	3.58	4.19	3.74	3.94	-0.61	-0.17	-0.36	0.44	0.25	-0.19
IIID4	3.91	4.20	3.79	4.00	-0.29	0.12	-0.09	0.41	0.20	-0.21
IIID5	4.10	4.33	4.05	4.33	-0.23	0.05	-0.23	0.28	0.00	-0.28
IIID6	4.41	4.41	4.26	4.50	0.00	0.15	-0.09	0.15	-0.09	-0.24
IIID8	4.23	4.36	4.16	4.49	-0.13	0.07	-0.26	0.20	-0.13	-0.33
IIID9	4.00	4.15	3.83	4.27	-0.15	0.17	-0.27	0.31	-0.12	-0.44
IIID10	3.86	4.15	3.64	4.14	-0.29	0.22	-0.28	0.51	0.01	-0.50
IIID11	3.52	3.91	3.70	3.84	-0.39	-0.18	-0.32	0.21	0.07	-0.15

TABLE S-1
Continued

Task	Average Importance				Group Differences					
	North(N)	South(S)	Midwest(M)	West(W)	(N) & (S)	(N) & (M)	(N) & (W)	(S) & (M)	(S) & (W)	(M) & (W)
IIID12	3.70	4.00	3.69	4.09	-0.30	0.01	-0.39	0.31	-0.09	-0.41
IIID13	3.84	4.32	4.00	4.23	-0.47	-0.16	-0.38	0.32	0.09	-0.23
IIIE1	4.38	4.46	4.41	4.67	-0.09	-0.04	-0.29	0.05	-0.20	-0.26
IIIE2	4.27	4.32	4.46	4.54	-0.05	-0.20	-0.28	-0.15	-0.23	-0.08
IIIE3	4.53	4.44	4.43	4.61	0.09	0.10	-0.08	0.01	-0.17	-0.18
IIIE4	4.47	4.38	4.46	4.59	0.09	0.01	-0.12	-0.08	-0.21	-0.13
IIIE5	4.32	4.37	4.32	4.44	-0.04	0.00	-0.12	0.04	-0.08	-0.12
IIIE6	4.17	4.30	4.20	4.31	-0.13	-0.04	-0.15	0.10	-0.01	-0.11
IIIE7	4.47	4.48	4.49	4.58	-0.01	-0.02	-0.11	-0.02	-0.11	-0.09
IIIE8	4.43	4.20	4.19	4.26	0.24	0.25	0.18	0.01	-0.06	-0.07
IIIE9	4.48	4.37	4.45	4.69	0.11	0.04	-0.20	-0.07	-0.31	-0.24
IIIF1	4.32	4.33	4.23	4.45	-0.01	0.09	-0.13	0.10	-0.12	-0.22
IIIF2	4.36	4.28	4.14	4.43	0.08	0.21	-0.07	0.14	-0.15	-0.29
IIIF3	4.11	4.35	4.07	4.22	-0.24	0.04	-0.11	0.28	0.13	-0.15
IIIF4	4.27	4.31	4.26	4.42	-0.04	0.00	-0.15	0.04	-0.11	-0.15
IIIF5	4.25	4.26	4.11	4.13	-0.01	0.14	0.12	0.16	0.14	-0.02
IIIF6	4.29	4.34	4.15	4.21	-0.06	0.14	0.08	0.20	0.14	-0.06
IIIF7	4.13	4.26	4.09	4.23	-0.13	0.04	-0.09	0.17	0.04	-0.14
IIIF8	4.27	4.38	4.18	4.17	-0.11	0.09	0.10	0.21	0.21	0.00
IIIF9	4.07	4.32	4.18	4.18	-0.25	-0.11	-0.11	0.14	0.14	0.00
IIIF10	4.38	4.44	4.29	4.37	-0.06	0.09	0.01	0.15	0.07	-0.08
IIIF11	4.27	4.26	4.11	4.31	0.01	0.16	-0.05	0.15	-0.06	-0.20
IIIF12	4.48	4.39	4.32	4.42	0.10	0.17	0.07	0.07	-0.03	-0.10
IIIF13	4.37	4.44	4.26	4.49	-0.07	0.11	-0.12	0.18	-0.05	-0.23
IIIF14	4.39	4.43	4.26	4.37	-0.04	0.12	0.02	0.17	0.06	-0.11

TABLE S-1
Continued

Task	Average Importance				Group Differences					
	North(N)	South(S)	Midwest(M)	West(W)	(N) & (S)	(N) & (M)	(N) & (W)	(S) & (M)	(S) & (W)	(M) & (W)
IIIF15	4.26	4.34	4.04	4.34	-0.08	0.22	-0.08	0.30	0.00	-0.31
IIIG1	4.23	4.48	4.31	4.47	-0.25	-0.08	-0.25	0.17	0.00	-0.17
IIIG2	4.26	4.45	4.33	4.50	-0.19	-0.08	-0.24	0.12	-0.05	-0.17
IIIG3	4.39	4.42	4.35	4.49	-0.03	0.04	-0.10	0.07	-0.07	-0.14
IIIG4	4.41	4.51	4.53	4.53	-0.11	-0.12	-0.12	-0.01	-0.02	0.00
IIIG5	4.40	4.38	4.33	4.53	0.02	0.07	-0.13	0.05	-0.15	-0.20
IIIG6	4.37	4.38	4.34	4.63	-0.01	0.02	-0.26	0.03	-0.25	-0.28
IIIG7	4.32	4.43	4.37	4.46	-0.11	-0.05	-0.13	0.06	-0.03	-0.08

Appendix T: Importance of Task Elements by Years of Experience

TABLE T-1
Importance of Task Elements by Years of Experience

Task	Average Importance				Group Differences					
	0-5 (1)	6-15 (2)	16-25 (3)	26+ (4)	(1) & (2)	(1) & (3)	(1) & (4)	(2) & (3)	(2) & (4)	(3) & (4)
IA1	3.72	3.88	3.98	4.29	-0.16	-0.26	-0.58**	-0.10	-0.42*	-0.32
IA2	4.48	4.74	4.85	4.82	-0.27*	-0.38**	-0.35**	-0.11	-0.08	0.03
IA3	4.16	4.49	4.63	4.67	-0.33*	-0.46**	-0.51**	-0.13	-0.18	-0.05
IA8	4.12	4.53	4.58	4.71	-0.41**	-0.46**	-0.58**	-0.05	-0.17	-0.12
IA9	4.33	4.55	4.73	4.75	-0.22	-0.40**	-0.42**	-0.18	-0.20	-0.02
IA10	4.22	4.62	4.73	4.71	-0.40**	-0.51**	-0.50**	-0.11	-0.09	0.01
IA11	4.31	4.50	4.67	4.74	-0.19	-0.36*	-0.43**	-0.17	-0.24	-0.08
IB1	4.48	4.69	4.71	4.75	-0.21	-0.22	-0.27*	-0.02	-0.06	-0.04
IB7	4.00	3.96	4.06	4.39	0.04	-0.06	-0.39	-0.10	-0.42*	-0.32
IB8	3.98	4.26	4.29	4.39	-0.28	-0.31	-0.41*	-0.03	-0.13	-0.10
IB9	3.97	4.33	4.31	4.62	-0.37	-0.35	-0.65**	0.02	-0.29	-0.31
IB10	4.28	4.44	4.67	4.69	-0.16	-0.38**	-0.40**	-0.23	-0.25	-0.02
IB14	4.36	4.58	4.71	4.57	-0.22	-0.35*	-0.21	-0.13	0.01	0.14
IB16	4.38	4.57	4.60	4.72	-0.19	-0.22	-0.34**	-0.02	-0.15	-0.12
IC7	4.14	4.60	4.57	4.40	-0.46*	-0.43*	-0.26	0.03	0.20	0.17
IC8	4.13	4.44	4.57	4.45	-0.31	-0.43*	-0.31	-0.13	-0.01	0.12
IC9	4.27	4.59	4.67	4.60	-0.32*	-0.41**	-0.33*	-0.08	-0.01	0.08
IC10	4.25	4.64	4.64	4.52	-0.39**	-0.39*	-0.27	0.00	0.12	0.12
ID1	3.98	4.54	4.52	4.57	-0.56**	-0.54**	-0.59**	0.02	-0.02	-0.04
ID2	4.14	4.65	4.59	4.60	-0.51**	-0.45*	-0.46**	0.07	0.06	-0.01
ID3	4.32	4.78	4.83	4.82	-0.45**	-0.51**	-0.49**	-0.05	-0.04	0.01
ID4	4.33	4.76	4.87	4.83	-0.43**	-0.54**	-0.50**	-0.11	-0.07	0.04
ID5	4.44	4.72	4.87	4.81	-0.28*	-0.43**	-0.37**	-0.15	-0.09	0.06

TABLE T-1
Continued

Task	Average Importance				Group Differences					
	0-5 (1)	6-15 (2)	16-25 (3)	26+ (4)	(1) & (2)	(1) & (3)	(1) & (4)	(2) & (3)	(2) & (4)	(3) & (4)
ID6	4.09	4.42	4.49	4.47	-0.33	-0.40	-0.39*	-0.07	-0.05	0.02
ID7	3.84	4.39	4.47	4.31	-0.55**	-0.63**	-0.47*	-0.08	0.07	0.16
ID8	4.39	4.60	4.74	4.68	-0.21	-0.36*	-0.29	-0.15	-0.08	0.07
ID12	4.24	4.60	4.74	4.61	-0.36*	-0.51**	-0.37**	-0.15	-0.01	0.13
ID13	4.40	4.55	4.74	4.56	-0.16	-0.35*	-0.16	-0.19	0.00	0.19
IE1	4.17	4.50	4.57	4.50	-0.33*	-0.40*	-0.33*	-0.07	0.00	0.07
IE6	4.28	4.56	4.74	4.63	-0.28	-0.46**	-0.35**	-0.18	-0.07	0.11
IE7	4.19	4.53	4.65	4.47	-0.34	-0.46**	-0.28	-0.13	0.05	0.18
IIA1	3.93	4.17	4.58	4.37	-0.24	-0.64**	-0.43*	-0.40	-0.19	0.21
IIA3	4.08	4.47	4.66	4.64	-0.39*	-0.58**	-0.56**	-0.19	-0.17	0.02
IIA4	4.22	4.35	4.63	4.65	-0.13	-0.42*	-0.43**	-0.29	-0.31*	-0.02
IIA5	3.98	4.24	4.40	4.49	-0.26	-0.42	-0.51**	-0.16	-0.25	-0.09
IIA10	4.19	4.27	4.49	4.62	-0.08	-0.30	-0.43**	-0.21	-0.35	-0.14
IIA23	4.09	4.27	4.56	4.57	-0.19	-0.47*	-0.48**	-0.29	-0.30	-0.01
IIB1	4.38	4.60	4.63	4.69	-0.22	-0.25	-0.31*	-0.02	-0.09	-0.07
IIB2	4.38	4.53	4.71	4.71	-0.15	-0.33	-0.34*	-0.18	-0.18	0.00
IIB8	4.21	4.33	4.65	4.62	-0.12	-0.44**	-0.41*	-0.32	-0.29	0.03
IIB9	4.15	4.41	4.62	4.51	-0.26	-0.47**	-0.37*	-0.20	-0.10	0.10
IIB10	4.16	4.50	4.61	4.49	-0.34	-0.45*	-0.33	-0.11	0.01	0.12
IIB11	4.20	4.41	4.57	4.58	-0.22	-0.38	-0.38*	-0.16	-0.16	-0.01
IIB12	4.13	4.46	4.60	4.56	-0.33	-0.46**	-0.43**	-0.14	-0.10	0.04
IIC2	4.15	4.27	4.46	4.55	-0.11	-0.31	-0.40*	-0.20	-0.28	-0.09
IIC4	4.24	4.35	4.59	4.60	-0.11	-0.35	-0.36*	-0.24	-0.26	-0.02
IID12	4.26	4.37	4.76	4.59	-0.11	-0.50**	-0.33*	-0.39*	-0.22	0.16
IID13	4.28	4.36	4.62	4.67	-0.08	-0.34	-0.39**	-0.26	-0.31	-0.05

TABLE T-1
Continued

Task	Average Importance				Group Differences					
	0-5 (1)	6-15 (2)	16-25 (3)	26+ (4)	(1) & (2)	(1) & (3)	(1) & (4)	(2) & (3)	(2) & (4)	(3) & (4)
IIE3	4.12	4.61	4.67	4.54	-0.49**	-0.54**	-0.41**	-0.06	0.07	0.13
IIE5	4.11	4.37	4.59	4.58	-0.26	-0.48*	-0.47**	-0.22	-0.21	0.01
IIE6	4.22	4.53	4.62	4.59	-0.30	-0.39*	-0.36*	-0.09	-0.06	0.03
IIIA1	4.00	4.55	4.66	4.65	-0.55**	-0.66**	-0.65**	-0.10	-0.10	0.01
IIIA2	4.45	4.74	4.92	4.79	-0.29*	-0.47**	-0.34**	-0.18	-0.05	0.13
IIIA3	4.48	4.65	4.82	4.76	-0.17	-0.35*	-0.29*	-0.17	-0.12	0.06
IIIA5	4.43	4.71	4.79	4.72	-0.28	-0.37**	-0.30*	-0.09	-0.01	0.07
IIIA8	4.30	4.63	4.76	4.73	-0.32*	-0.46**	-0.43**	-0.14	-0.10	0.04
IIIB1	4.06	4.33	4.71	4.67	-0.28	-0.65**	-0.61**	-0.38	-0.34	0.04
IIIB3	4.20	4.34	4.63	4.50	-0.14	-0.43*	-0.30	-0.29	-0.16	0.13
IIIB8	4.03	4.17	4.18	4.48	-0.14	-0.16	-0.46*	-0.02	-0.32	-0.30
IIIC2	4.23	4.15	4.54	4.54	0.08	-0.31	-0.31	-0.39	-0.39*	0.00
IIIC5	4.44	4.11	4.26	4.55	0.33	0.18	-0.10	-0.15	-0.44**	-0.29
IIIC7	4.11	4.26	4.49	4.62	-0.15	-0.38	-0.51**	-0.23	-0.37*	-0.13
IIIC9	3.83	4.04	3.93	4.34	-0.21	-0.09	-0.51*	0.12	-0.30	-0.42
IIID6	4.00	4.49	4.40	4.46	-0.49*	-0.40	-0.46*	0.09	0.03	-0.06
IIID8	4.00	4.11	4.46	4.45	-0.11	-0.46	-0.45*	-0.35	-0.34	0.01
IIIE1	4.27	4.35	4.41	4.65	-0.08	-0.14	-0.38*	-0.06	-0.30	-0.25
IIIE2	4.15	4.41	4.35	4.60	-0.26	-0.20	-0.45*	0.06	-0.19	-0.25
IIIE3	4.22	4.33	4.49	4.73	-0.10	-0.26	-0.51**	-0.16	-0.41*	-0.24
IIIE4	4.26	4.34	4.45	4.70	-0.08	-0.19	-0.44*	-0.11	-0.36*	-0.25
IIIE5	4.11	4.22	4.49	4.54	-0.11	-0.38	-0.43*	-0.27	-0.32	-0.05
IIIE7	4.23	4.43	4.59	4.65	-0.20	-0.36	-0.42*	-0.16	-0.22	-0.06
IIIG4	4.19	4.45	4.71	4.58	-0.27	-0.52*	-0.39	-0.25	-0.12	0.13
IIIG5	4.32	4.17	4.41	4.61	0.15	-0.09	-0.28	-0.24	-0.44*	-0.20

TABLE T-1
Continued

Task	Average Importance				Group Differences					
	0-5 (1)	6-15 (2)	16-25 (3)	26+ (4)	(1) & (2)	(1) & (3)	(1) & (4)	(2) & (3)	(2) & (4)	(3) & (4)
IA4	4.32	4.63	4.58	4.54	-0.30	-0.26	-0.22	0.04	0.09	0.04
IA5	4.10	4.04	4.17	4.26	0.06	-0.07	-0.16	-0.14	-0.22	-0.09
IA6	4.31	4.36	4.58	4.58	-0.05	-0.28	-0.27	-0.22	-0.22	0.00
IA7	4.22	4.43	4.52	4.34	-0.22	-0.31	-0.12	-0.09	0.09	0.18
IB2	4.49	4.58	4.67	4.67	-0.09	-0.17	-0.18	-0.09	-0.09	0.00
IB3	4.10	4.23	4.30	4.41	-0.13	-0.20	-0.31	-0.07	-0.19	-0.12
IB4	4.37	4.38	4.36	4.38	0.00	0.01	-0.01	0.01	-0.01	-0.02
IB5	4.19	4.39	4.46	4.42	-0.20	-0.27	-0.23	-0.07	-0.04	0.04
IB6	4.17	4.23	4.45	4.38	-0.06	-0.28	-0.21	-0.22	-0.15	0.07
IB11	4.14	3.93	4.06	4.26	0.21	0.07	-0.12	-0.13	-0.33	-0.19
IB12	4.23	4.28	4.45	4.51	-0.05	-0.21	-0.28	-0.17	-0.23	-0.07
IB13	4.36	4.23	4.31	4.41	0.13	0.04	-0.05	-0.08	-0.18	-0.10
IB15	4.11	4.21	4.35	4.35	-0.10	-0.24	-0.24	-0.14	-0.13	0.01
IC1	3.69	3.86	3.90	3.81	-0.17	-0.21	-0.12	-0.05	0.04	0.09
IC2	4.13	4.38	4.25	4.40	-0.24	-0.12	-0.27	0.12	-0.03	-0.15
IC3	4.25	4.51	4.54	4.52	-0.26	-0.30	-0.27	-0.03	-0.01	0.02
IC4	4.16	4.23	4.18	4.32	-0.07	-0.02	-0.16	0.05	-0.09	-0.15
IC5	3.85	4.06	4.21	4.04	-0.21	-0.37	-0.20	-0.16	0.01	0.17
IC6	3.89	4.19	4.28	4.21	-0.30	-0.39	-0.32	-0.09	-0.03	0.07
ID9	4.11	4.36	4.37	4.33	-0.25	-0.26	-0.22	-0.01	0.03	0.04
ID10	4.30	4.60	4.59	4.58	-0.31	-0.29	-0.28	0.02	0.02	0.01
ID11	4.43	4.57	4.66	4.60	-0.14	-0.23	-0.17	-0.09	-0.03	0.06
ID14	4.00	4.12	4.10	4.15	-0.12	-0.10	-0.15	0.02	-0.03	-0.04
ID15	3.65	3.72	3.95	3.88	-0.07	-0.31	-0.23	-0.23	-0.16	0.07
IE2	4.31	4.42	4.54	4.42	-0.11	-0.24	-0.12	-0.12	0.00	0.12

TABLE T-1
Continued

Task	Average Importance				Group Differences					
	0-5 (1)	6-15 (2)	16-25 (3)	26+ (4)	(1) & (2)	(1) & (3)	(1) & (4)	(2) & (3)	(2) & (4)	(3) & (4)
IE3	4.12	4.31	4.27	4.32	-0.19	-0.14	-0.20	0.04	-0.01	-0.05
IE4	4.32	4.55	4.64	4.57	-0.23	-0.32	-0.24	-0.09	-0.01	0.07
IE5	4.16	4.44	4.55	4.37	-0.28	-0.39	-0.22	-0.11	0.07	0.17
IIA2	4.11	4.10	4.52	4.36	0.02	-0.41	-0.24	-0.43	-0.26	0.17
IIA6	3.92	4.04	4.20	4.28	-0.12	-0.28	-0.36	-0.15	-0.24	-0.08
IIA7	4.17	4.26	4.25	4.26	-0.09	-0.08	-0.09	0.01	0.00	-0.01
IIA8	4.14	4.27	4.28	4.47	-0.13	-0.13	-0.33	-0.01	-0.20	-0.20
IIA9	4.35	4.38	4.57	4.57	-0.03	-0.22	-0.22	-0.19	-0.19	0.01
IIA11	3.87	4.04	4.08	4.07	-0.17	-0.21	-0.20	-0.04	-0.03	0.01
IIA12	4.12	4.31	4.53	4.47	-0.19	-0.41	-0.35	-0.21	-0.16	0.06
IIA13	4.31	4.34	4.48	4.56	-0.03	-0.16	-0.25	-0.14	-0.22	-0.09
IIA14	4.37	4.39	4.54	4.60	-0.02	-0.16	-0.22	-0.14	-0.20	-0.06
IIA15	4.23	4.29	4.37	4.25	-0.06	-0.13	-0.02	-0.07	0.04	0.11
IIA16	4.16	4.15	4.33	4.41	0.01	-0.17	-0.26	-0.17	-0.26	-0.09
IIA17	4.14	4.18	4.29	4.41	-0.05	-0.16	-0.27	-0.11	-0.23	-0.12
IIA18	4.17	4.24	4.44	4.53	-0.07	-0.27	-0.36	-0.21	-0.29	-0.09
IIA19	3.95	4.02	4.32	4.35	-0.07	-0.36	-0.40	-0.30	-0.33	-0.04
IIA20	3.90	3.90	4.00	4.00	0.00	-0.10	-0.10	-0.10	-0.10	0.00
IIA21	4.18	4.02	4.08	4.21	0.16	0.10	-0.03	-0.06	-0.19	-0.13
IIA22	4.24	4.32	4.51	4.51	-0.08	-0.27	-0.27	-0.19	-0.19	0.01
IIB3	3.81	3.98	4.21	4.20	-0.16	-0.39	-0.38	-0.23	-0.22	0.01
IIB4	3.76	3.96	4.03	3.97	-0.19	-0.26	-0.21	-0.07	-0.01	0.06
IIB5	3.77	3.88	3.61	3.78	-0.11	0.16	-0.01	0.27	0.10	-0.17
IIB6	4.15	4.27	4.45	4.47	-0.12	-0.30	-0.32	-0.18	-0.20	-0.02
IIB7	4.00	4.15	4.43	4.28	-0.15	-0.43	-0.28	-0.29	-0.14	0.15

TABLE T-1
Continued

Task	Average Importance				Group Differences					
	0-5 (1)	6-15 (2)	16-25 (3)	26+ (4)	(1) & (2)	(1) & (3)	(1) & (4)	(2) & (3)	(2) & (4)	(3) & (4)
IIB13	3.98	3.96	3.97	4.07	0.02	0.00	-0.10	-0.01	-0.11	-0.10
IIC1	4.26	4.29	4.50	4.35	-0.02	-0.24	-0.09	-0.21	-0.06	0.15
IIC3	4.19	4.29	4.58	4.45	-0.10	-0.38	-0.26	-0.28	-0.16	0.12
IIC5	4.23	4.29	4.27	4.39	-0.06	-0.04	-0.16	0.02	-0.10	-0.13
IIC6	4.13	4.23	4.25	4.41	-0.11	-0.13	-0.28	-0.02	-0.18	-0.16
IIC7	4.07	4.05	4.20	4.32	0.02	-0.13	-0.25	-0.15	-0.27	-0.12
IIC8	4.04	4.15	4.19	4.35	-0.11	-0.14	-0.31	-0.04	-0.20	-0.16
IIC9	4.02	4.14	4.26	4.23	-0.11	-0.23	-0.21	-0.12	-0.09	0.03
IIC10	3.93	4.10	4.14	4.03	-0.18	-0.21	-0.11	-0.04	0.07	0.11
IIC11	3.93	4.17	4.14	4.17	-0.24	-0.20	-0.24	0.04	0.00	-0.04
IIC12	4.04	4.20	4.10	4.29	-0.15	-0.05	-0.24	0.10	-0.09	-0.19
IIC13	4.10	4.37	4.34	4.46	-0.27	-0.24	-0.35	0.03	-0.08	-0.11
IID1	4.43	4.38	4.55	4.65	0.05	-0.11	-0.22	-0.17	-0.27	-0.10
IID2	4.20	4.16	4.31	4.50	0.04	-0.11	-0.30	-0.15	-0.34	-0.19
IID3	4.33	4.47	4.64	4.62	-0.14	-0.31	-0.29	-0.17	-0.15	0.02
IID4	4.28	4.32	4.50	4.49	-0.04	-0.22	-0.22	-0.18	-0.17	0.01
IID5	4.13	4.00	4.10	4.29	0.13	0.03	-0.16	-0.10	-0.29	-0.19
IID6	4.12	4.13	4.46	4.51	-0.01	-0.34	-0.39	-0.33	-0.38	-0.05
IID7	4.16	4.24	4.38	4.47	-0.08	-0.22	-0.31	-0.14	-0.22	-0.09
IID8	4.18	4.18	4.33	4.47	0.00	-0.15	-0.29	-0.15	-0.29	-0.14
IID9	4.25	4.46	4.60	4.52	-0.21	-0.35	-0.27	-0.14	-0.06	0.07
IID10	4.21	4.25	4.54	4.49	-0.04	-0.32	-0.28	-0.28	-0.24	0.04
IID11	4.42	4.46	4.64	4.65	-0.04	-0.22	-0.23	-0.18	-0.19	-0.01
IIE1	4.22	4.46	4.55	4.57	-0.24	-0.33	-0.35	-0.09	-0.11	-0.02
IIE2	4.25	4.45	4.54	4.42	-0.20	-0.29	-0.17	-0.09	0.03	0.12

TABLE T-1
Continued

Task	Average Importance				Group Differences					
	0-5 (1)	6-15 (2)	16-25 (3)	26+ (4)	(1) & (2)	(1) & (3)	(1) & (4)	(2) & (3)	(2) & (4)	(3) & (4)
IIE4	4.05	4.34	4.44	4.27	-0.29	-0.39	-0.22	-0.10	0.07	0.17
IIE7	4.09	4.29	4.32	4.46	-0.20	-0.23	-0.38	-0.03	-0.18	-0.15
IIIA4	4.39	4.46	4.62	4.67	-0.07	-0.23	-0.28	-0.16	-0.21	-0.06
IIIA6	4.29	4.46	4.56	4.60	-0.17	-0.27	-0.31	-0.11	-0.14	-0.03
IIIA7	4.26	4.42	4.54	4.61	-0.16	-0.28	-0.35	-0.12	-0.19	-0.07
IIIA9	4.34	4.55	4.70	4.56	-0.21	-0.36	-0.22	-0.15	-0.01	0.14
IIIA10	4.20	4.29	4.31	4.28	-0.09	-0.11	-0.08	-0.03	0.00	0.03
IIIB2	4.14	4.29	4.46	4.50	-0.15	-0.32	-0.36	-0.17	-0.21	-0.04
IIIB4	4.15	4.19	4.16	4.30	-0.04	-0.02	-0.15	0.03	-0.11	-0.14
IIIB5	4.24	4.17	4.44	4.42	0.08	-0.19	-0.18	-0.27	-0.26	0.01
IIIB6	4.11	4.31	4.34	4.51	-0.20	-0.23	-0.40	-0.03	-0.20	-0.17
IIIB7	4.06	4.11	4.16	4.32	-0.05	-0.10	-0.27	-0.05	-0.22	-0.17
IIIB9	3.97	4.04	4.27	4.40	-0.07	-0.30	-0.43	-0.23	-0.36	-0.13
IIIB10	4.00	3.85	4.03	4.28	0.15	-0.03	-0.28	-0.17	-0.43	-0.25
IIIB11	4.22	4.29	4.35	4.39	-0.07	-0.13	-0.17	-0.06	-0.10	-0.04
IIIB12	4.06	4.09	4.19	4.39	-0.03	-0.13	-0.33	-0.10	-0.30	-0.20
IIIB13	4.06	4.07	4.18	4.41	-0.01	-0.12	-0.35	-0.11	-0.34	-0.23
IIIB14	4.12	3.98	4.15	4.16	0.14	-0.03	-0.04	-0.17	-0.18	-0.01
IIIB15	4.20	4.12	4.34	4.31	0.08	-0.14	-0.11	-0.23	-0.19	0.04
IIIC1	4.37	4.32	4.40	4.61	0.05	-0.03	-0.24	-0.08	-0.29	-0.21
IIIC3	4.26	4.09	4.24	4.40	0.17	0.01	-0.14	-0.15	-0.31	-0.15
IIIC4	4.21	4.47	4.49	4.60	-0.26	-0.28	-0.39	-0.02	-0.13	-0.11
IIIC6	4.49	4.45	4.63	4.53	0.04	-0.15	-0.04	-0.18	-0.08	0.10
IIIC8	4.14	4.09	4.21	4.45	0.05	-0.07	-0.31	-0.12	-0.36	-0.24
IIID1	3.79	4.07	4.11	4.11	-0.28	-0.32	-0.32	-0.05	-0.04	0.00

TABLE T-1
Continued

Task	Average Importance				Group Differences					
	0-5 (1)	6-15 (2)	16-25 (3)	26+ (4)	(1) & (2)	(1) & (3)	(1) & (4)	(2) & (3)	(2) & (4)	(3) & (4)
IIID2	3.90	4.00	4.15	4.27	-0.10	-0.25	-0.37	-0.15	-0.27	-0.12
IIID3	3.64	4.05	3.81	3.88	-0.41	-0.18	-0.24	0.24	0.17	-0.06
IIID4	3.81	3.98	3.79	4.09	-0.17	0.02	-0.28	0.19	-0.11	-0.30
IIID5	3.92	4.19	4.08	4.30	-0.27	-0.16	-0.38	0.11	-0.11	-0.22
IIID7	3.88	4.24	4.25	4.26	-0.36	-0.37	-0.38	-0.01	-0.02	-0.01
IIID9	3.84	3.93	4.09	4.23	-0.09	-0.24	-0.39	-0.15	-0.30	-0.15
IIID10	3.83	3.91	3.67	4.10	-0.08	0.16	-0.27	0.24	-0.19	-0.43
IIID11	3.81	3.78	3.72	3.74	0.03	0.08	0.07	0.05	0.04	-0.01
IIID12	3.78	3.65	3.80	4.03	0.13	-0.02	-0.25	-0.15	-0.38	-0.23
IIID13	3.86	4.11	4.24	4.16	-0.24	-0.37	-0.30	-0.13	-0.06	0.07
IIIE6	4.06	4.09	4.41	4.40	-0.04	-0.35	-0.34	-0.31	-0.30	0.01
IIIE8	4.03	4.06	4.33	4.48	-0.04	-0.30	-0.46	-0.27	-0.42	-0.15
IIIE9	4.34	4.36	4.49	4.63	-0.02	-0.14	-0.29	-0.12	-0.27	-0.15
IIIF1	4.17	4.28	4.39	4.30	-0.11	-0.22	-0.13	-0.11	-0.02	0.09
IIIF2	4.14	4.15	4.24	4.39	-0.01	-0.10	-0.24	-0.09	-0.23	-0.14
IIIF3	4.17	4.14	4.14	4.19	0.04	0.04	-0.02	0.00	-0.05	-0.05
IIIF4	4.20	4.09	4.34	4.47	0.11	-0.14	-0.27	-0.25	-0.38	-0.13
IIIF5	4.09	4.02	4.31	4.28	0.07	-0.22	-0.19	-0.28	-0.26	0.03
IIIF6	4.11	4.11	4.36	4.34	0.00	-0.25	-0.23	-0.25	-0.23	0.02
IIIF7	4.14	4.16	4.22	4.17	-0.02	-0.07	-0.03	-0.05	-0.01	0.04
IIIF8	4.16	4.22	4.24	4.31	-0.06	-0.07	-0.15	-0.02	-0.10	-0.08
IIIF9	4.08	4.13	4.18	4.24	-0.05	-0.10	-0.16	-0.05	-0.11	-0.06
IIIF10	4.26	4.28	4.49	4.43	-0.02	-0.22	-0.17	-0.20	-0.15	0.06
IIIF11	4.14	4.13	4.27	4.33	0.01	-0.13	-0.19	-0.14	-0.19	-0.06
IIIF12	4.25	4.34	4.38	4.50	-0.09	-0.13	-0.25	-0.04	-0.16	-0.12

TABLE T-1
Continued

| Task | Average Importance | | | | Group Differences | | | | | |
	0-5 (1)	6-15 (2)	16-25 (3)	26+ (4)	(1) & (2)	(1) & (3)	(1) & (4)	(2) & (3)	(2) & (4)	(3) & (4)
IIIF13	4.21	4.30	4.49	4.43	-0.09	-0.28	-0.23	-0.19	-0.14	0.05
IIIF14	4.21	4.18	4.42	4.46	0.02	-0.22	-0.26	-0.24	-0.28	-0.04
IIIF15	4.24	4.07	4.32	4.27	0.17	-0.09	-0.03	-0.26	-0.20	0.05
IIIG1	4.24	4.30	4.36	4.51	-0.06	-0.12	-0.27	-0.06	-0.21	-0.15
IIIG2	4.30	4.19	4.49	4.54	0.11	-0.19	-0.24	-0.29	-0.35	-0.05
IIIG3	4.19	4.28	4.57	4.50	-0.09	-0.38	-0.31	-0.29	-0.22	0.07
IIIG6	4.32	4.26	4.33	4.62	0.05	-0.02	-0.31	-0.07	-0.36	-0.29
IIIG7	4.24	4.28	4.51	4.52	-0.04	-0.28	-0.29	-0.24	-0.25	-0.01

Appendix U: Data for Subdomain Weighting Exercise

TABLE U-1

Subdomain Weights from Empirical Survey Data

Task Element	Importance[1]
I. Nursing Leadership	
A. Horizontal Leadership	
1. Applies theories and models (e.g. Nursing, Leadership, Complexity, Change) to practice	3.99
2. Applies evidence-based practice to make clinical decisions and assess outcomes	4.73
3. Understands microsystem functions and assumes accountability for healthcare outcomes	4.49
4. Designs, coordinates, and evaluates plans of care at an advanced level in conjunction with interdisciplinary team	4.51
5. Utilizes peer feedback for evaluation of self and others	4.14
6. Serves as a lateral integrator of the interdisciplinary health team	4.47
7. Leads group processes to meet care objectives	4.37
8. Coaches and mentors healthcare team serving as a role model	4.50
9. Utilizes an evidence-based approach to meet specific needs of individuals, clinical populations, or communities within the microsystem	4.60
10. Assumes responsibility for creating a culture of safe and ethical care	4.57
11. Provides leadership for changing practice based on quality improvement methods and research findings	4.57
SUBDOMAIN IA (TOTAL)	**48.96 (5.6%)**
B. Interdisciplinary Communication and Collaboration Skills	
1. Establishes and maintains working relationships within an interdisciplinary team	4.66
2. Bases clinical decisions on multiple perspectives including the client and/or family preferences	4.60
3. Negotiates in group interactions, particularly in task-oriented, convergent, and divergent group situations	4.27
4. Develops a therapeutic alliance with the client as an advanced generalist	4.37
5. Communicates with diverse groups and disciplines using a variety of strategies	4.36
6. Facilitates group processes to meet care objectives	4.29
7. Integrates concepts from behavioral, biological, and natural sciences in order to understand self and others	4.13
8. Interprets quantitative and qualitative data for the interdisciplinary team	4.25
9. Uses a scientific process as a basis for developing, implementing, and evaluating nursing interventions	4.33
10. Synthesizes information and knowledge as a key component of critical thinking and decision making	4.53

Task Element	Importance
11. Bridges cultural and linguistic barriers	4.11
12. Understands clients' values and beliefs	4.37
13. Completes documentation as it relates to client care	4.33
14. Understands the roles of interdisciplinary team members	4.55
15. Participates in conflict resolution within the healthcare team	4.26
16. Promotes a culture of accountability	4.58
SUBDOMAIN IB (TOTAL)	**70.00 (7.9%)**
C. Healthcare Advocacy	
1. Initiates community partnerships to identify health disparities and establish health promotion goals	3.80
2. Interfaces between the client and the healthcare delivery system to protect the rights of clients	4.30
3. Ensures that clients, families and communities are well informed and engaged in their plan of care	4.45
4. Ensures that systems meet the needs of the populations served and is culturally relevant	4.24
5. Articulates healthcare issues and concerns to officials and consumers	4.04
6. Assists consumers in informed decision-making by interpreting healthcare research	4.13
7. Serves as a client advocate on health issues	4.41
8. Utilizes chain of command to influence care	4.38
9. Promotes fairness and non-discrimination in the delivery of care	4.52
10. Advocates for improvement in the health care system and the nursing profession	4.51
SUBDOMAIN IC (TOTAL)	**38.99 (4.4%)**
D. Integration of the CNL Role	
1. Articulates the significance of the CNL role	4.43
2. Advocates for the CNL role	4.51
3. Assumes responsibility of own professional identity and practice	4.69
4. Maintains and enhances professional competencies	4.70
5. Assumes responsibility for lifelong learning and accountability for current practice and health care information and skills	4.71
6. Advocates for professional standards of practice using organizational and political processes	4.38
7. Understands the history, philosophy, and responsibilities of the nursing profession as it relates to the CNL	4.25
8. Understands scope of practice and adheres to licensure law and regulations	4.60

Task Element	Importance
9. Articulates to the public the values of the profession as they relate to client welfare	4.29
10. Negotiates and advocates for the role of the professional nurse as a member of the interdisciplinary health care team	4.52
11. Develops personal goals for professional development and continuing education	4.56
12. Understands and supports agendas that enhance both high quality, cost-effective health care and the advancement of the profession	4.54
13. Supports and mentors individuals entering into and training for professional nursing practice	4.56
14. Publishes and presents CNL impact and outcomes	4.10
15. Generates nursing research	3.80

SUBDOMAIN ID (TOTAL)	**66.63 (7.6%)**

Task Element	Importance
E. Lateral Integration of Care Services	
1. Delivers and coordinates care using current technology	4.44
2. Coordinates the healthcare of clients across settings	4.42
3. Develops and monitors holistic plans of care	4.26
4. Fosters a multidisciplinary approach to attain health and maintain wellness	4.51
5. Performs risk analysis for client safety	4.36
6. Collaborates and consults with other health professionals in the design, coordination, and evaluation of client care outcomes	4.55
7. Disseminates healthcare information with healthcare providers to other disciplines	4.45

SUBDOMAIN IE (TOTAL)	**30.99 (3.5%)**

Task Element	Importance
II. Clinical Outcomes Management	
A. Illness and Disease Management	
1. Assumes responsibility for the provision and management of care at the point of care in and across all environments	4.27
2. Coordinates care at the point of service to individuals across the lifespan with particular emphasis on health promotion and risk reduction services	4.28
3. Identifies client problems that require intervention, with special focus on those problems amenable to nursing intervention	4.48
4. Designs and redesigns client care based on analysis of outcomes and evidence-based knowledge	4.48
5. Completes holistic assessments and directs care based on assessments	4.30
6. Applies theories of chronic illness care to clients and families	4.12

Task Element	Importance
7. Integrates community resources, social networks, and decision support mechanisms into care management	4.24
8. Identifies patterns of illness symptoms and effects on clients' compliance and on-going care	4.31
9. Educates clients, families, and care givers to monitor symptoms and take action	4.47
10. Utilizes advanced knowledge of pathophysiology and pharmacology to anticipate illness progression, response to therapy, and to educate clients and families regarding care	4.41
11. Applies knowledge of reimbursement issues in planning care across the lifespan	4.01
12. Makes recommendations regarding readiness for discharge, having accurately assessed the client's level of health literacy and self-management	4.37
13. Applies research-based knowledge from nursing and the sciences as the foundation for evidence-based practice	4.43
14. Develops and facilitates evidence-based protocols and disseminates these among the multidisciplinary team	4.49
15. Understands the role of palliative care and hospice as a disease management tool	4.28
16. Understands cultural relevance as it relates to healthcare	4.27
17. Educates clients about healthcare technologies using client-centered strategies	4.26
18. Synthesizes literature and research findings to design interventions for select problems	4.36
19. Monitors client satisfaction with disease action plans	4.18
20. Evaluates factors contributing to disease including genetics	3.95
21. Designs and implements education and community programs for clients and health professionals	4.14
22. Applies principles of infection control, assessment of rates, and inclusion of infection control in plan of care	4.40
23. Integrates advanced clinical assessment	4.39

SUBDOMAIN IIA (TOTAL)   **98.88 (11.2%)**

B. Knowledge Management	
1. Applies research-based information	4.59
2. Improves clinical and cost outcomes	4.58
3. Utilizes epidemiological methodology to collect data	4.05
4. Participates in disease surveillance	3.92
5. Participates in planning for disaster management and mass casualty incidents	3.75
6. Evaluates and anticipates risks to client safety (e.g. new technology, medications, treatment regimens)	4.34

Task Element	Importance
7. Applies tools for risk analysis	4.21
8. Uses institutional and unit data to compare against national benchmarks	4.45
9. Designs and implements measures to modify risks	4.41
10. Addresses variations in clinical outcomes	4.44
11. Synthesizes data, information and knowledge to evaluate and achieve optimal client outcomes	4.44
12. Demonstrates accountability for processes for improvement of client outcomes	4.45
13. Evaluates effect of complementary therapies on health outcomes	4.01
SUBDOMAIN IIB (TOTAL)	**51.89 (5.9%)**
C. Health Promotion and Disease Prevention Management	
1. Teaches direct care providers how to assist clients, families, and communities to be health literate and manage their own care	4.35
2. Applies research to resolve clinical problems and disseminate results	4.38
3. Engages clients in therapeutic partnerships with multidisciplinary team members	4.37
4. Applies evidence and data to identify and modify interventions to meet specific client needs	4.45
5. Counsels clients and families regarding behavior changes to achieve healthy lifestyles	4.30
6. Engages in culturally sensitive health promotion/disease prevention intervention to reduce healthcare risks in clients	4.26
7. Develops clinical and health promotion programs for individuals and groups	4.18
8. Designs and implements measures to modify risk factors and promote engagement in healthy lifestyles	4.19
9. Assesses protective and predictive (e.g. lifestyle, genetic) factors that influence the health of clients	4.16
10. Initiates community partnerships to establish health promotion goals and implement strategies to meet those goals	4.03
11. Develops and monitors holistic plans of care that address the health promotion and disease prevention needs of client populations	4.11
12. Incorporates theories and research in generating teaching and support strategies to promote and preserve health and healthy lifestyles in client populations	4.17
13. Identifies strategies to optimize client's level of functioning	4.32
SUBDOMAIN IIC (TOTAL)	**51.24 (5.8%)**

Task Element	Importance
D. Evidence-Based Practice	
1. Communicates results in a collaborative manner with client and healthcare team	4.52
2. Uses measurement tools as foundation for assessments and clinical decisions	4.31
3. Applies clinical judgment and decision-making skills in designing, coordinating, implementing, and evaluating client-focused care	4.53
4. Selects sources of evidence to meet specific needs of individuals, clinical groups, or communities	4.40
5. Applies epidemiological, social, and environmental data	4.14
6. Reviews datasets to anticipate risk and evaluate care outcomes	4.32
7. Evaluates and applies information from various sources to guide client through the healthcare system	4.32
8. Interprets and applies quantitative and qualitative data	4.31
9. Utilizes current healthcare research to improve client care	4.46
10. Accesses, critiques, and analyzes information sources	4.38
11. Provides leadership for changing practice based on quality improvement methods and research findings	4.55
12. Identifies relevant outcomes and measurement strategies that will improve patient outcomes and promote cost effective care	4.50
13. Synthesizes data, information, and knowledge to evaluate and achieve optimal client outcomes	4.50
SUBDOMAIN IID (TOTAL)	**57.24 (6.5%)**
E. Advanced Clinical Assessment	
1. Designs, coordinates, and evaluates plans of care	4.46
2. Develops a therapeutic alliance with the client as an advanced generalist	4.41
3. Identifies client problems that require intervention, with special focus on those problems amenable to nursing intervention	4.48
4. Performs holistic assessments across the lifespan and directs care based on findings	4.27
5. Applies advanced knowledge of pathophysiology, assessment, and pharmacology	4.43
6. Applies clinical judgment and decision-making skills in designing, coordinating, implementing, and evaluating client-focused care	4.49
7. Evaluates effectiveness of pharmacological and complementary therapies	4.31
SUBDOMAIN IIE (TOTAL)	**30.84 (3.5%)**

Task Element	Importance
III. Care Environment Management	
A. Team Coordination	
1. Supervises, educates, delegates, and performs nursing procedures in the context of safety	4.50
2. Demonstrates critical listening, verbal, nonverbal, and written communication skills	4.74
3. Demonstrates skills necessary to interact and collaborate with other members of the interdisciplinary healthcare team	4.69
4. Incorporates principles of lateral integration	4.55
5. Establishes and maintains working relationships within an interdisciplinary team	4.67
6. Facilitates group processes to achieve care objectives	4.49
7. Utilizes conflict resolution skills	4.47
8. Promotes a positive work environment and a culture of retention	4.62
9. Designs, coordinates, and evaluates plans of care incorporating client, family, and team member input	4.54
10. Leads gap analysis to create cohesive healthcare team	4.28
SUBDOMAIN IIIA (TOTAL)	**45.55 (5.2%)**
B. Healthcare Finance and Economics	
1. Identifies clinical and cost outcomes that improve safety, effectiveness, timeliness, efficiency, quality, and client-centered care.	4.48
2. Serves as a steward of environmental, human, and material resources while coordinating client care	4.38
3. Anticipates risk and designs plans of care to improve outcomes	4.44
4. Develops and leverages human, environmental, and material resources	4.22
5. Demonstrates use of healthcare technologies to maximize healthcare outcomes	4.33
6. Understands the fiscal context in which practice occurs	4.35
7. Evaluates the use of products in the delivery of healthcare	4.19
8. Assumes accountability for the cost-effective and efficient use of human, environmental, and material resources within microsystems	4.26
9. Identifies and evaluates high-cost and high-volume activities	4.20
10. Applies basic business and economic principles and practices	4.07
11. Applies ethical principles regarding the delivery of healthcare in relation to healthcare financing and economics including those that may create conflicts of interest	4.33
12. Identifies the impact of healthcare financial policies and economics on the delivery of healthcare and client outcomes	4.22

Task Element	Importance
13. Interprets healthcare research, particularly cost and client outcomes, to policy makers, healthcare providers, and consumers	4.22
14. Interprets the impact of both public and private reimbursement policies and mechanisms on client care decisions	4.11
15. Evaluates the effect of healthcare financing on care access and patient outcomes	4.25
SUBDOMAIN IIIB (TOTAL)	**64.04 (7.3%)**
C. Healthcare Systems	
1. Acquires knowledge to work in groups, manage change, and systems-level dissemination of knowledge	4.46
2. Applies evidence that challenges current policies and procedures in a practice environment	4.38
3. Implements strategies that lessen healthcare disparities	4.27
4. Advocates for the improvement in the healthcare system, policies, and nursing profession	4.47
5. Applies systems thinking (i.e. theories, models) to address problems and develop solutions	4.36
6. Collaborates with other healthcare professionals to manage the transition of clients across the healthcare continuum ensuring patient safety and cost-effectiveness of care	4.53
7. Utilizes quality improvement methods in evaluating individual and aggregate client care	4.41
8. Understands how healthcare delivery systems are organized and financed, and the effect on client care	4.25
9. Identifies the economic, legal, and political factors that influence healthcare delivery	4.09
SUBDOMAIN IIIC (TOTAL)	**39.22 (4.5%)**
D. Healthcare Policy	
1. Acknowledges multiple perspectives when analyzing healthcare policy	4.04
2. Recognizes the effect of healthcare policy on health promotion, risk reduction, and disease and injury prevention in vulnerable populations	4.11
3. Influences regulatory, legislative, and public policy in private and public arenas to promote and preserve healthy communities	3.87
4. Understands the interactive effect of health policy and healthcare economics and national and international health and health outcomes	3.95
5. Accesses, critiques, and analyzes information sources	4.15
6. Incorporates standards of care and full scope of practice	4.37
7. Articulates the interaction between regulatory controls and quality control within the healthcare delivery system	4.19

Task Element	Importance
8. Creates a professional ethic related to client care and health policy	4.28
9. Understands the political and regulatory processes defining healthcare delivery and systems of care	4.05
10. Evaluates local, state, and national socioeconomic and health policy issues and trends as they relate to the delivery of healthcare	3.92
11. Participates in political processes and grass roots legislative efforts to influence healthcare policy on behalf of clients and the profession	3.77
12. Understands global health care issues (e.g. immigration patterns, pandemics, access to care)	3.85
13. Understands the effect of legal and regulatory processes on nursing practice	4.11

SUBDOMAIN IIID (TOTAL)	**52.67 (6.0%)**

E.   Quality Improvement

Task Element	Importance
1. Evaluates healthcare outcomes through the acquisition of data and the questioning of inconsistencies	4.46
2. Leads the redesign of client care following root cause analysis of sentinel events	4.41
3. Gathers, analyzes, and synthesizes data related to risk reduction and patient safety	4.49
4. Analyzes systems and outcome datasets to anticipate individual client risk and improve quality care	4.48
5. Understands economies of care, cost-effectiveness, resource utilization, and affecting change in systems	4.36
6. Evaluates the environmental impact on healthcare outcomes	4.26
7. Collaborates and consults with other health professionals to design, coordinate, and evaluate client care outcomes	4.51
8. Evaluates the quality and use of products in the delivery of healthcare	4.26
9. Identifies opportunities for quality improvement and leads improvement activities utilizing evidence-based models	4.48

SUBDOMAIN IIIE (TOTAL)	**39.71 (4.5%)**

F.   Healthcare Informatics

Task Element	Importance
1. Analyzes systems to identify strengths, gaps, and opportunities	4.30
2. Applies data from systems in planning and delivering care	4.26
3. Evaluates clinical information systems using select criteria	4.17
4. Incorporates ethical principles in the use of information systems	4.30
5. Evaluates impact of new technologies on clients, families, and systems	4.19
6. Assesses and evaluates the use of technology in the delivery of client care	4.24

Task Element	Importance
7. Validates accuracy of consumer-provided information on health issues from the internet and other sources	4.18
8. Synthesizes healthcare information for client-specific problems	4.25
9. Refers clients to culturally-relevant health information	4.18
10. Demonstrates proficiency in the use of innovations such as the electronic record for documenting and analyzing clinical data	4.38
11. Individualizes interventions using technologies	4.24
12. Identifies and promotes an environment that safeguards the privacy and confidentiality of patients and families	4.39
13. Leads quality improvement team and engages in designing and implementing a process for improving client safety	4.37
14. Utilizes information and communication technologies to document, access, and monitor client care, advance client education, and enhance the accessibility of care	4.34
15. Aligns interdisciplinary team documentation to improve accessibility of data	4.23
SUBDOMAIN IIIF (TOTAL)	**64.01 (7.3%)**
G. Ethics	
1. Evaluates ethical decision-making from both a personal and organizational perspective and develops an understanding of how these two perspectives may create conflicts of interest	4.38
2. Applies an ethical decision-making framework to clinical situations that incorporates moral concepts, professional ethics, and law and respects diverse values and beliefs	4.40
3. Applies legal and ethical guidelines to advocate for client well-being and preferences	4.40
4. Enables clients and families to make quality-of-life and end-of-life decisions and achieve a peaceful death	4.49
5. Identifies and analyzes common ethical dilemmas and the ways in which these dilemmas impact client care	4.40
6. Identifies areas in which a personal conflict of interest may arise and propose resolutions or actions to resolve the conflict	4.41
7. Understands the purpose of an ethics committee's role in health care delivery systems	4.41
SUBDOMAIN IIIG (TOTAL)	**30.90 (3.5%)**

[1] Due to rounding errors, the individual importance ratings for the tasks may not sum to the subdomain total.

TABLE U-2
Subdomain Weights Derived from SMEs' Judgments

	Recommended Domain Weight (%)						
	SME						
Domain	1	2	3	4	5	6	7
1	15	6	6	11	7	5	9
2	5	7	9	5	9	6	5
3	2	7	6	4	5	5	3
4	2	6.5	8	13	9	5	15
5	5	6.5	5	8	6	4	9
6	10	5	7	8	7	8	7
7	5	5	6	4	5	4	4
8	5	6	5	3	6	8	3
9	5	6	6	5	8	8	5
10	5	6	6	4	4	6	5
11	5	6	7	6	8	8	5
12	4	5	4	5	2	8	5
13	5	5	6	7	8	5	8
14	2	5	3	4	2	5	4
15	5	6	7	5	8	5	5
16	5	5	4	3	3	3	5
17	15	7	5	5	3	7	3

Appendix V: Final CNC CNL Content Outline

TABLE V-1
Final CNC CNL Content Outline

Task Element

I. Nursing Leadership
   A. Horizontal Leadership
1. Applies theories and models (e.g. Nursing, Leadership, Complexity, Change) to practice
2. Applies evidence-based practice to make clinical decisions and assess outcomes
3. Understands microsystem functions and assumes accountability for healthcare outcomes
4. Designs, coordinates, and evaluates plans of care at an advanced level in conjunction with interdisciplinary team
5. Utilizes peer feedback for evaluation of self and others
6. Serves as a lateral integrator of the interdisciplinary health team
7. Leads group processes to meet care objectives
8. Coaches and mentors healthcare team serving as a role model
9. Utilizes an evidence-based approach to meet specific needs of individuals, clinical populations, or communities within the microsystem
10. Assumes responsibility for creating a culture of safe and ethical care
11. Provides leadership for changing practice based on quality improvement methods and research findings

   B. Interdisciplinary Communication and Collaboration Skills
1. Establishes and maintains working relationships within an interdisciplinary team
2. Bases clinical decisions on multiple perspectives including the client and/or family preferences
3. Negotiates in group interactions, particularly in task-oriented, convergent, and divergent group situations
4. Develops a therapeutic alliance with the client as an advanced generalist
5. Communicates with diverse groups and disciplines using a variety of strategies
6. Facilitates group processes to meet care objectives
7. Integrates concepts from behavioral, biological, and natural sciences in order to understand self and others
8. Interprets quantitative and qualitative data for the interdisciplinary team
9. Uses a scientific process as a basis for developing, implementing, and evaluating nursing interventions
10. Synthesizes information and knowledge as a key component of critical thinking and decision making
11. Bridges cultural and linguistic barriers
12. Understands clients' values and beliefs
13. Completes documentation as it relates to client care
14. Understands the roles of interdisciplinary team members
15. Participates in conflict resolution within the healthcare team
16. Promotes a culture of accountability

TABLE V-1
Continued

Task Element

C. Healthcare Advocacy
1. Interfaces between the client and the healthcare delivery system to protect the rights of clients
2. Ensures that clients, families and communities are well informed and engaged in their plan of care
3. Ensures that systems meet the needs of the populations served and is culturally relevant
4. Articulates healthcare issues and concerns to officials and consumers
5. Assists consumers in informed decision-making by interpreting healthcare research
6. Serves as a client advocate on health issues
7. Utilizes chain of command to influence care
8. Promotes fairness and non-discrimination in the delivery of care
9. Advocates for improvement in the health care system and the nursing profession

D. Integration of the CNL Role
1. Articulates the significance of the CNL role
2. Advocates for the CNL role
3. Assumes responsibility of own professional identity and practice
4. Maintains and enhances professional competencies
5. Assumes responsibility for lifelong learning and accountability for current practice and health care information and skills
6. Advocates for professional standards of practice using organizational and political processes
7. Understands the history, philosophy, and responsibilities of the nursing profession as it relates to the CNL
8. Understands scope of practice and adheres to licensure law and regulations
9. Articulates to the public the values of the profession as they relate to client welfare
10. Negotiates and advocates for the role of the professional nurse as a member of the interdisciplinary health care team
11. Develops personal goals for professional development and continuing education
12. Understands and supports agendas that enhance both high quality, cost-effective health care and the advancement of the profession
13. Supports and mentors individuals entering into and training for professional nursing practice
14. Publishes and presents CNL impact and outcomes
15. Generates nursing research

E. Lateral Integration of Care Services
1. Delivers and coordinates care using current technology
2. Coordinates the healthcare of clients across settings
3. Develops and monitors holistic plans of care
4. Fosters a multidisciplinary approach to attain health and maintain wellness
5. Performs risk analysis for client safety

TABLE V-1
Continued

Task Element

     6.   Collaborates and consults with other health professionals in the design, coordination, and evaluation of client care outcomes

     7.   Disseminates healthcare information with healthcare providers to other disciplines

II.   Clinical Outcomes Management

   A.   Illness and Disease Management

     1.   Assumes responsibility for the provision and management of care at the point of care in and across all environments

     2.   Coordinates care at the point of service to individuals across the lifespan with particular emphasis on health promotion and risk reduction services

     3.   Identifies client problems that require intervention, with special focus on those problems amenable to nursing intervention

     4.   Designs and redesigns client care based on analysis of outcomes and evidence-based knowledge

     5.   Completes holistic assessments and directs care based on assessments

     6.   Applies theories of chronic illness care to clients and families

     7.   Integrates community resources, social networks, and decision support mechanisms into care management

     8.   Identifies patterns of illness symptoms and effects on clients' compliance and on-going care

     9.   Educates clients, families, and care givers to monitor symptoms and take action

    10.   Utilizes advanced knowledge of pathophysiology and pharmacology to anticipate illness progression, response to therapy, and to educate clients and families regarding care

    11.   Applies knowledge of reimbursement issues in planning care across the lifespan

    12.   Makes recommendations regarding readiness for discharge, having accurately assessed the client's level of health literacy and self-management

    13.   Applies research-based knowledge from nursing and the sciences as the foundation for evidence-based practice

    14.   Develops and facilitates evidence-based protocols and disseminates these among the multidisciplinary team

    15.   Understands the role of palliative care and hospice as a disease management tool

    16.   Understands cultural relevance as it relates to healthcare

    17.   Educates clients about healthcare technologies using client-centered strategies

    18.   Synthesizes literature and research findings to design interventions for select problems

    19.   Monitors client satisfaction with disease action plans

    20.   Evaluates factors contributing to disease including genetics

    21.   Designs and implements education and community programs for clients and health professionals

    22.   Applies principles of infection control, assessment of rates, and inclusion of infection control in plan of care

    23.   Integrates advanced clinical assessment

TABLE V-1
Continued

Task Element

B. Knowledge Management
1. Applies research-based information
2. Improves clinical and cost outcomes
3. Utilizes epidemiological methodology to collect data
4. Participates in disease surveillance
5. Evaluates and anticipates risks to client safety (e.g. new technology, medications, treatment regimens)
6. Applies tools for risk analysis
7. Uses institutional and unit data to compare against national benchmarks
8. Designs and implements measures to modify risks
9. Addresses variations in clinical outcomes
10. Synthesizes data, information and knowledge to evaluate and achieve optimal client outcomes
11. Demonstrates accountability for processes for improvement of client outcomes
12. Evaluates effect of complementary therapies on health outcomes

C. Health Promotion and Disease Prevention Management
1. Teaches direct care providers how to assist clients, families, and communities to be health literate and manage their own care
2. Applies research to resolve clinical problems and disseminate results
3. Engages clients in therapeutic partnerships with multidisciplinary team members
4. Applies evidence and data to identify and modify interventions to meet specific client needs
5. Counsels clients and families regarding behavior changes to achieve healthy lifestyles
6. Engages in culturally sensitive health promotion/disease prevention intervention to reduce healthcare risks in clients
7. Develops clinical and health promotion programs for individuals and groups
8. Designs and implements measures to modify risk factors and promote engagement in healthy lifestyles
9. Assesses protective and predictive (e.g. lifestyle, genetic) factors that influence the health of clients
10. Develops and monitors holistic plans of care that address the health promotion and disease prevention needs of client populations
11. Incorporates theories and research in generating teaching and support strategies to promote and preserve health and healthy lifestyles in client populations
12. Identifies strategies to optimize client's level of functioning

D. Evidence-Based Practice
1. Communicates results in a collaborative manner with client and healthcare team
2. Uses measurement tools as foundation for assessments and clinical decisions
3. Applies clinical judgment and decision-making skills in designing, coordinating, implementing, and evaluating client-focused care

TABLE V-1
Continued

Task Element

4. Selects sources of evidence to meet specific needs of individuals, clinical groups, or communities

5. Applies epidemiological, social, and environmental data

6. Reviews datasets to anticipate risk and evaluate care outcomes

7. Evaluates and applies information from various sources to guide client through the healthcare system

8. Interprets and applies quantitative and qualitative data

9. Utilizes current healthcare research to improve client care

10. Accesses, critiques, and analyzes information sources

11. Provides leadership for changing practice based on quality improvement methods and research findings

12. Identifies relevant outcomes and measurement strategies that will improve patient outcomes and promote cost effective care

13. Synthesizes data, information, and knowledge to evaluate and achieve optimal client outcomes

E. Advanced Clinical Assessment

1. Designs, coordinates, and evaluates plans of care

2. Develops a therapeutic alliance with the client as an advanced generalist

3. Identifies client problems that require intervention, with special focus on those problems amenable to nursing intervention

4. Performs holistic assessments across the lifespan and directs care based on findings

5. Applies advanced knowledge of pathophysiology, assessment, and pharmacology

6. Applies clinical judgment and decision-making skills in designing, coordinating, implementing, and evaluating client-focused care

7. Evaluates effectiveness of pharmacological and complementary therapies

III. Care Environment Management

A. Team Coordination

1. Supervises, educates, delegates, and performs nursing procedures in the context of safety

2. Demonstrates critical listening, verbal, nonverbal, and written communication skills

3. Demonstrates skills necessary to interact and collaborate with other members of the interdisciplinary healthcare team

4. Incorporates principles of lateral integration

5. Establishes and maintains working relationships within an interdisciplinary team

6. Facilitates group processes to achieve care objectives

7. Utilizes conflict resolution skills

8. Promotes a positive work environment and a culture of retention

9. Designs, coordinates, and evaluates plans of care incorporating client, family, and team member input

10. Leads gap analysis to create cohesive healthcare team

TABLE V-1
Continued

Task Element

B. Healthcare Finance and Economics
1. Identifies clinical and cost outcomes that improve safety, effectiveness, timeliness, efficiency, quality, and client-centered care.
2. Serves as a steward of environmental, human, and material resources while coordinating client care
3. Anticipates risk and designs plans of care to improve outcomes
4. Develops and leverages human, environmental, and material resources
5. Demonstrates use of healthcare technologies to maximize healthcare outcomes
6. Understands the fiscal context in which practice occurs
7. Evaluates the use of products in the delivery of healthcare
8. Assumes accountability for the cost-effective and efficient use of human, environmental, and material resources within microsystems
9. Identifies and evaluates high-cost and high-volume activities
10. Applies basic business and economic principles and practices
11. Applies ethical principles regarding the delivery of healthcare in relation to healthcare financing and economics including those that may create conflicts of interest
12. Identifies the impact of healthcare financial policies and economics on the delivery of healthcare and client outcomes
13. Interprets healthcare research, particularly cost and client outcomes, to policy makers, healthcare providers, and consumers
14. Interprets the impact of both public and private reimbursement policies and mechanisms on client care decisions
15. Evaluates the effect of healthcare financing on care access and patient outcomes

C. Healthcare Systems
1. Acquires knowledge to work in groups, manage change, and systems-level dissemination of knowledge
2. Applies evidence that challenges current policies and procedures in a practice environment
3. Implements strategies that lessen healthcare disparities
4. Advocates for the improvement in the healthcare system, policies, and nursing profession
5. Applies systems thinking (i.e. theories, models) to address problems and develop solutions
6. Collaborates with other healthcare professionals to manage the transition of clients across the healthcare continuum ensuring patient safety and cost-effectiveness of care
7. Utilizes quality improvement methods in evaluating individual and aggregate client care
8. Understands how healthcare delivery systems are organized and financed, and the effect on client care
9. Identifies the economic, legal, and political factors that influence healthcare delivery

TABLE V-1
Continued

Task Element

D. Healthcare Policy

    1.   Acknowledges multiple perspectives when analyzing healthcare policy

    2.   Recognizes the effect of healthcare policy on health promotion, risk reduction, and disease and injury prevention in vulnerable populations

    3.   Influences regulatory, legislative, and public policy in private and public arenas to promote and preserve healthy communities

    4.   Understands the interactive effect of health policy and healthcare economics and national and international health and health outcomes

    5.   Accesses, critiques, and analyzes information sources

    6.   Incorporates standards of care and full scope of practice

    7.   Articulates the interaction between regulatory controls and quality control within the healthcare delivery system

    8.   Creates a professional ethic related to client care and health policy

    9.   Understands the political and regulatory processes defining healthcare delivery and systems of care

    10.   Evaluates local, state, and national socioeconomic and health policy issues and trends as they relate to the delivery of healthcare

    11.   Participates in political processes and grass roots legislative efforts to influence healthcare policy on behalf of clients and the profession

    12.   Understands global health care issues (e.g. immigration patterns, pandemics, access to care)

    13.   Understands the effect of legal and regulatory processes on nursing practice

E. Quality Improvement

    1.   Evaluates healthcare outcomes through the acquisition of data and the questioning of inconsistencies

    2.   Leads the redesign of client care following root cause analysis of sentinel events

    3.   Gathers, analyzes, and synthesizes data related to risk reduction and patient safety

    4.   Analyzes systems and outcome datasets to anticipate individual client risk and improve quality care

    5.   Understands economies of care, cost-effectiveness, resource utilization, and affecting change in systems

    6.   Evaluates the environmental impact on healthcare outcomes

    7.   Collaborates and consults with other health professionals to design, coordinate, and evaluate client care outcomes

    8.   Evaluates the quality and use of products in the delivery of healthcare

    9.   Identifies opportunities for quality improvement and leads improvement activities utilizing evidence-based models

TABLE V-1
Continued

Task Element

F. Healthcare Informatics
1. Analyzes systems to identify strengths, gaps, and opportunities
2. Applies data from systems in planning and delivering care
3. Evaluates clinical information systems using select criteria
4. Incorporates ethical principles in the use of information systems
5. Evaluates impact of new technologies on clients, families, and systems
6. Assesses and evaluates the use of technology in the delivery of client care
7. Validates accuracy of consumer-provided information on health issues from the internet and other sources
8. Synthesizes healthcare information for client-specific problems
9. Refers clients to culturally-relevant health information
10. Demonstrates proficiency in the use of innovations such as the electronic record for documenting and analyzing clinical data
11. Individualizes interventions using technologies
12. Identifies and promotes an environment that safeguards the privacy and confidentiality of patients and families
13. Leads quality improvement team and engages in designing and implementing a process for improving client safety
14. Utilizes information and communication technologies to document, access, and monitor client care, advance client education, and enhance the accessibility of care
15. Aligns interdisciplinary team documentation to improve accessibility of data

G. Ethics
1. Evaluates ethical decision-making from both a personal and organizational perspective and develops an understanding of how these two perspectives may create conflicts of interest
2. Applies an ethical decision-making framework to clinical situations that incorporates moral concepts, professional ethics, and law and respects diverse values and beliefs
3. Applies legal and ethical guidelines to advocate for client well-being and preferences
4. Enables clients and families to make quality-of-life and end-of-life decisions and achieve a peaceful death
5. Identifies and analyzes common ethical dilemmas and the ways in which these dilemmas impact client care
6. Identifies areas in which a personal conflict of interest may arise and propose resolutions or actions to resolve the conflict
7. Understands the purpose of an ethics committee's role in health care delivery systems