



## **2004 NCC Task Analysis Content Validation Study**

### **Electronic Fetal Monitoring Subspecialty Examination**

#### **Final Report**

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## 1. Background and Overview

The purpose of the task analysis/content validation study is to describe the domain of practice, knowledge, skills and abilities that are essential to the specialty practice of the health professionals who provide care based on electronic fetal monitoring knowledge.

The application of the data collected is used to identify test content to be included in the NCC subspecialty examination in Electronic Fetal Monitoring and to determine skills, knowledge and abilities of those engaging in EFM interpretation and management.

### Phase I of the project included

- a. Logistic review: NCC content team members, a geographically diverse group representing both academic and clinical practice venues, were charged with the task of development of the tasks as associated with existent test outlines.
- b. Development process and data collection
- c. Statistical compilation for the data

### Phase II of the project included

- a. Review of the data collected using a holistic approach to analysis. Four areas were described:
  - Interpretation of specific EFM tracing/patterns
  - Management responsibilities for the assessment/management of patients with certain conditions who are being monitored with electronic fetal monitoring
  - Management responsibilities for the assessment/management of patients undergoing adjunct fetal surveillance testing
  - Engagement of specific skills relative to electronic fetal monitoring

For the interpretation of specific EFM tracings/patterns, participants were asked the following questions:

When assessing fetal heart rate tracings, how often do you see (topics listed below) in a given month.

Late decelerations  
Variable decelerations  
Early decelerations  
Prolonged decelerations

- Bradycardia
- Tachycardia
- SVT
- Congenital heart block
- Sinusoidal patterns
- PVCs
- Ectopic beats
- Artifact

For assessing patients undergoing EFM monitoring with specific conditions, the participants were asked the following questions:

In given a month what percentage of your time deals with EFM assessment of patients with the following conditions or undergoing the following procedures:

Preterm labor	Spinal anesthesia
Dysfunctional labor	Induction of labor
Chronic hypertension	Cardiac disease
PIH	Respiratory disease
Diabetes	Renal disease
Placental abruption	HELLP syndrome
Placenta previa	Malpresentation
VBAC	Hemolytic incompatibilities
Intra-amniotic infection	Traumatic Injury
Multiple gestation	

For assessment/management of patients undergoing adjunct fetal surveillance testing/procedures, participants were asked the following questions:

How frequently do you assess the EFM Tracing of patients undergoing or receiving

- Nonstress testing
- Amniocentesis
- Contract stress testing
- Fetal acid base testing
- Biophysical profile
- Ultrasound
- Fetal lung maturation studies
- Fetal acoustic stimulation
- Fetal saturation monitoring
- Antenatal corticosteroids

Relevant to the skill assessment, participants were asked the following questions:

How frequently do you

- Auscultate fetal heart rate
- Place external fetal monitoring
- Insert internal fetal monitoring
- Interpret blood gases
- Palpate the uterus
- Assess vital signs
- Assess uterine activity
- Administer medications
- Perform vaginal examinations
- Prepare IV preparations
- Manage patients undergoing induction of labor
- Educate patients about labor and EFM
- Interpret fetal heart rate tracings
- Perform fetal stimulation

- b. Development of policy recommendations for content team to consider in sustaining or altering the test outline for examination development will take place at a web conference of the Content Team in December 2004.

## **Phase II**

Review of the data collected using a holistic approach to analysis. The area of concerns were

- EFM Tracing Interpretations - Specific Patterns
- EFM Tracing Interpretations – Specific Conditions
- Adjunct Fetal Surveillance
- Skill Engagement

The specific questions asked for each of the above areas are described in the Survey Template, Attachment 2.

## **Development Process**

The process used to identify essential knowledge, skills and abilities is described in Attachment 1. The survey template was developed (see Attachment 2.)

## **Data Collection**

With psychometric consultation, the tasks/skills identified by the content team were formulated into a survey instrument. Questions asked for each knowledge component or

task is shown on the survey template. All participants were asked the questions relevant to the areas of concern identified above.

All NCC EFM certificate holders of record (1098) were notified either via email contact or post card notice to go to the NCC website to complete the survey. 145 certificate holders responded to the survey.

In addition biographical information was also solicited as follows:

Education level  
Practice Setting  
Length of Current Practice  
Geographic Location

#### 4. Results

Summary of survey data are shown below:

##### a. Biographical Data

###### Education Level

Diploma Prepared	13%
Associate Degree	23%
BSN	39%
Master's	29%
Doctorate	2%

###### Practice Setting

Hospital	94%
Physician's Office	3%
Academic Setting	2%
Other	1%

###### Length of Current Practice

1-5 years	9%
6-10 years	15%
11-15 years	16%
16-20 years	20%
Over 20 years	39%

###### Location

Northeast	21%
Southeast	22%
Midwest	23%
Northwest	14%
Southwest	19%

- b. EFM Tracing Interpretations - Specific Patterns
- c. EFM Tracing Interpretations – Specific Conditions
- d. Adjunct Fetal Surveillance
- e. Skill Engagement

The results are summarized in **Attachment 3**.

## **TASK ANALYSIS CONTENT VALIDATION PROCEDURES**

Purpose: The purpose of the task analysis content validation study is to describe the domain of practice, knowledge, skills and abilities that are essential to the specialty practice of health care professionals who provide care based on electronic fetal monitoring knowledge.

Participants: The Content Teams are the responsible parties for development of task analysis content validation procedures

### **PHASE 1**

#### **DEVELOPMENT PROCESS**

The identified development process to be utilized includes:

- a. Review of relevant practice standards and current literature

The following documents were reviewed:

Standards of Practice and Educational Guidelines from

- \* American Nurses' Association (ANA), Standards of Maternal & Child Health Practice
- \* Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)) Standards for Obstetric, Gynecologic and Neonatal Nursing

Educational Guidelines

- \* Practice Competencies and Educational Guidelines for Nurse Providers of Intrapartum Care
- \* Didactic Content and Clinical Skills Verification for Professional Nurse Providers of Perinatal Home Care
- \* Didactic Content and Clinical Skills Verification for Professional Nurse Providers of Basic, High Risk and Critical Care Intrapartum Nursing
- \* Competency and Program Guidelines for Nurse Providers of Perinatal Education

- b. Review of current NCC competency statements and general and detailed test outlines for the Electronic Fetal Monitoring subspecialty examination.
- c. Identification of Essential Knowledge, Skills and Abilities

The EFM Content Team based on the document review identified competencies and practice skills of the health care professionals performing electronic fetal monitoring. General discussion on how current competency statements and content included in the test outline was also initiated. After general discussion, the related tasks and skills associated with the specific content area were identified and prioritized.

## **PHASE II**

### **SURVEY TOOLS**

A survey tool was developed based on the content teams' direction and psychometric consultation to insure that the four areas to be explored were addressed. Availability of the survey was sent to all EFM certificate holders of record.

Raw data was compiled using a percentage scoring system. This will assign a percentage value to each question asked about each task. Actual percentage ratings were recorded.



## Electronic Fetal Monitoring Subspecialty Exam Survey Template

### Instructions to Survey Takers

We need your input to insure that the NCC Electronic Fetal Monitoring (EFM) subspecialty examination is reflective of current EFM practice. This survey relates to the type of patients you deal with, disposition of care and the nature and frequency of the EFM tracings you manage. The data from this survey will assist the NCC OB Content Team to make revisions to the content outline from which questions are derived for assessment of subspecialty knowledge for the EFM examination which leads to a certificate of added qualification in EFM.

### **Employment Setting**

Is your institution a

- Level 1
- Level 2
- Level 3
- Other

Is your unit set up as

- Traditional unit, separate from L& D and Postpartum
- LDR or LDRP
- Single Room Maternity Care
- Antepartum Unit

### **Patient Characteristics**

In a given month, what percentage of your time is devoted to

- Antepartum Patients
- Labor Patients
- High Risk Obstetric Patients
- Postpartum Patients

### **Knowledge/Interpretative Competencies**

In a given month, what percentage of your time is devoted to EFM assessment of

- Patient Teaching
- Late decelerations
- Variable decelerations

- Early decelerations
- Prolonged decelerations
- Bradycardia
- Tachycardia
- SVT
- Congenital heart block
- Sinusoidal patterns
- PVCs
- Ectopic beats
- Artifact

In given a month what percentage of your time Deals with EFM assessment of patients with or undergoing

- Preterm labor
- Dysfunctional labor
- Chronic hypertension
- PIH
- Diabetes
- Placental abruption
- Placenta previa
- VBAC
- Intra-amniotic infection
- Multiple gestation
- Epidural anesthesia
- Spinal anesthesia
- Induction of labor
- Cardiac disease
- Respiratory disease
- Renal disease
- HELLP syndrome

Malpresentation  
Hemolytic incompatibility  
Traumatic injury

How frequently do you assess the EFM  
Tracing of patients undergoing or receiving

Nonstress testing  
Amniocentesis  
Contract stress testing  
Fetal acid base testing  
Biophysical profile  
Ultrasound  
Fetal lung maturation studies  
Fetal acoustic stimulation  
Fetal saturation monitoring  
Antenatal corticosteroids

### **Skills**

How frequently do you

Auscultate fetal heart rate  
Place external fetal monitoring  
Insert internal fetal monitoring  
Interpret blood gases  
Palpate the uterus  
Assess vital signs  
Assess uterine activity  
Administer medications  
Perform vaginal examinations  
Prepare IV preparations  
Manage patients undergoing induction of labor  
Educate patients about labor and EFM  
Interpret fetal heart rate tracings  
Perform fetal stimulation

### **Practice Demographics**

Does your employer recognize your Electronic Fetal Monitoring Certificate of added qualification?

Does your unit advocate the use of the National Institute of Child and Human Development Research Planning Workshop EFM Terminology?

Is your certificate of added qualification in Electronic Fetal Monitoring required for your position?

### **Biographical Data**

#### Practice Setting

Hospital  
Physician's office  
Academic Setting  
Follow up Clinic  
Home care  
Other

#### Highest Level of Education

PhD  
Master's  
Baccalaureate  
Associate  
Diploma

How long have you held a position in the Electronic Fetal Monitoring specialty?

1-5 years  
6-10 years  
11-15 years  
16-20 years  
Over 20 years

#### Location

Northeast  
Southeast  
Midwest  
Northwest  
Southwest  
Outside the US

**2004 EFM Content Validation/Task Analysis  
Survey Results**

**Employment Setting**  
(Number of Respondents = 145)

Is your institution a	N	%
Level 1	30	20.7
Level 2	53	36.6
Level 3	58	40
Other	4	2.8

Is your unit set up as	N	%
Traditional, separate from L&D & Postpartum LDR or LDRP	28	19.3
Single Room Maternity Care	94	64.8
Antepartum Unit	8	5.5
Other	9	6.2
	6	4.1

**Patient Characteristics**  
(Number of Respondents = 145)

In a given month, what percentage of your time is devoted to <b>ANTEPARTUM PATIENTS?</b>	N	%
Less than 10%	27	18.6
10-25%	64	44.1
26-50%	38	26.2
51-75%	5	3.4
76-100%	11	7.6

In a given month, what percentage of your time is devoted to <b>PATIENTS IN LABOR?</b>	N	%
Less than 10%	16	11
10-25%	9	6.2
26-50%	43	29.7
51-75%	45	31
76-100%	32	22.1

In a given month, what percentage of your time is devoted to <b>POSTPARTUM PATIENTS?</b>	N	%
Less than 10%	81	55.9
10-25%	27	18.6
26-50%	25	17.2
51-75%	7	4.8
76-100%	5	3.4

**2004 EFM Content Validation/Task Analysis  
Survey Results**

In a given month, what percentage of your time is devoted to <b>PATIENT TEACHING?</b>	N	%
Less than 10%	16	11
10-25%	51	35.2
26-50%	31	21.4
51-75%	15	10.3
76-100%	32	22.1

How frequently do you assess <b>EFM TRACINGS</b> with <b>LATE DECELERATIONS?</b>	N	%
Everyday	26	17.9
A few times a week	71	49
A few times a month	34	23.4
A few times a year	13	9
Never	1	0.7

How frequently do you assess <b>EFM TRACINGS</b> with <b>VARIABLE DECELERATIONS?</b>	N	%
Everyday	91	62.8
A few times a week	44	30.3
A few times a month	7	4.8
A few times a year	2	1.4
Never	1	0.7

How frequently do you assess <b>EFM TRACINGS</b> with <b>EARLY DECELERATIONS?</b>	N	%
Everyday	55	37.9
A few times a week	60	41.4
A few times a month	20	13.8
A few times a year	8	5.5
Never	2	1.4

How frequently do assess <b>EFM TRACINGS</b> with <b>PROLONGED DECELERATIONS?</b>	N	%
Everyday	13	9
A few times a week	48	33.1
A few times a month	58	40
A few times a year	25	17.2
Never	1	0.7

**2004 EFM Content Validation/Task Analysis  
Survey Results**

How frequently do you assess <b>EFM TRACINGS</b> with <b>BRADYCARDIA?</b>	N	%
Everyday	6	4.1
A few times a week	33	22.8
A few times a month	69	47.6
A few times a year	35	24.1
Never	2	1.4

How frequently do you assess <b>EFM TRACINGS</b> with <b>TACHYCARDIA?</b>	N	%
Everyday	7	4.8
A few times a week	39	26.9
A few times a month	70	48.3
A few times a year	28	19.3
Never	1	0.7

How frequently do you assess <b>EFM TRACINGS</b> with <b>SUPRAVENTRICULAR TACHYCARDIA?</b>	N	%
Everyday	0	0
A few times a week	2	1.4
A few times a month	7	4.8
A few times a year	100	69
Never	36	24.8

How frequently do you assess <b>EFM TRACINGS</b> with <b>CONGENITAL HEART BLOCK?</b>	N	%
Everyday	0	0
A few times a week	0	0
A few times a month	3	2.1
A few times a year	86	59.3
Never	56	38.6

How frequently do you assess <b>EFM TRACINGS</b> with a <b>SINUSOIDAL PATTERN?</b>	N	%
Everyday	0	0
A few times a week	2	1.4
A few times a month	10	6.9
A few times a year	100	69
Never	33	22.8

**2004 EFM Content Validation/Task Analysis  
Survey Results**

How frequently do you assess <b>EFM TRACINGS</b> with <b>PREMATURE VENTRICULAR CONTRACTIONS?</b>	N	%
Everyday	0	0
A few times a week	2	1.42
A few times a month	9	6.2
A few times a year	82	56.6
Never	52	35.9

How frequently do you assess <b>EFM TRACINGS</b> with <b>ECTOPIC BEATS?</b>	N	%
Everyday	0	0
A few times a week	1	0.7
A few times a month	17	11.7
A few times a year	85	58.6
Never	42	29

How frequently do you encounter <b>EFM ARTIFACTS?</b>	N	%
Everyday	15	10.3
A few times a week	30	20.7
A few times a month	47	32.4
A few times a year	49	33.8
Never	4	2.8

How frequently do you assess <b>EFM TRACINGS</b> of patients with <b>PRETERM LABOR?</b>	N	%
Everyday	33	22.8
A few times a week	68	46.9
A few times a month	35	24.1
A few times a year	7	4.8
Never	2	1.4

How frequently do you assess <b>EFM TRACINGS</b> of patients with <b>DYSFUNCTIONAL LABOR?</b>	N	%
Everyday	23	15.9
A few times a week	69	47.6
A few times a month	36	24.8
A few times a year	8	5.5
Never	9	6.2

**2004 EFM Content Validation/Task Analysis  
Survey Results**

How frequently do you assess <b>EFM TRACINGS</b> of patients with <b>CHRONIC HYPERTENSION</b> ?	N	%
Everyday	9	6.2
A few times a week	47	32.4
A few times a month	60	41.4
A few times a year	27	18.6
Never	2	1.4

How frequently do you assess <b>EFM TRACINGS</b> of patients with <b>PREGNANCY-INDUCED HYPERTENSION</b> ?	N	%
Everyday	18	12.4
A few times a week	66	45.5
A few times a month	52	35.9
A few times a year	8	5.5
Never	1	0.7

How frequently do you assess <b>EFM TRACINGS</b> of patients with <b>DIABETES</b> ?	N	%
Everyday	10	6.9
A few times a week	41	28.3
A few times a month	62	42.8
A few times a year	30	20.7
Never	2	1.4

How frequently do you assess <b>EFM TRACINGS</b> of patients with <b>PLACENTAL ABRUPTION</b> ?	N	%
Everyday	0	0
A few times a week	4	2.8
A few times a month	38	26.2
A few times a year	97	66.9
Never	6	4.1

How frequently do you assess <b>EFM TRACINGS</b> of patients with <b>PLACENTA PREVIA</b> ?	N	%
Everyday	1	0.7
A few times a week	5	3.4
A few times a month	36	24.8
A few times a year	100	69
Never	3	2.1

**2004 EFM Content Validation/Task Analysis  
Survey Results**

How frequently do you assess <b>EFM TRACINGS</b> of patients undergoing <b>VBAC</b> ?	N	%
Everyday	2	1.4
A few times a week	30	20.7
A few times a month	60	41.4
A few times a year	36	24.8
Never	17	11.7

How frequently do you assess <b>EFM TRACINGS</b> of patients with <b>INTRA-AMNIOTIC INFECTION</b> ?	N	%
Everyday	2	1.4
A few times a week	10	6.9
A few times a month	44	30.3
A few times a year	77	53.1
Never	12	8.3

How frequently do assess <b>EFM TRACINGS</b> of patients with <b>MULTIPLE GESTATIONS</b> ?	N	%
Everyday	3	2.1
A few times a week	21	14.5
A few times a month	51	35.2
A few times a year	67	46.2
Never	3	2.1

How frequently do you assess <b>EFM TRACINGS</b> of patients receiving <b>EPIDURAL ANESTHESIA</b> ?	N	%
Everyday	78	53.8
A few times a week	41	28.3
A few times a month	8	5.5
A few times a year	4	2.8
Never	14	9.7

How frequently do you assess <b>EFM TRACINGS</b> of patients receiving <b>SPINAL ANESTHESIA</b> ?	N	%
Everyday	10	6.9
A few times a week	45	31
A few times a month	35	24.1
A few times a year	21	14.5
Never	34	23.4

**2004 EFM Content Validation/Task Analysis  
Survey Results**

How frequently do you assess <b>EFM TRACINGS</b> of patients undergoing <b>INDUCTION OF LABOR</b> ?	N	%
Everyday	77	53.1
A few times a week	50	34.5
A few times a month	6	4.1
A few times a year	3	2.1
Never	9	6.2

How frequently do you assess <b>EFM TRACINGS</b> of patients with <b>CARDIAC DISEASE</b> ?	N	%
Everyday	0	0
A few times a week	2	1.4
A few times a month	11	7.6
A few times a year	105	72.4
Never	27	18.6

How frequently do you assess <b>EFM TRACINGS</b> of patients with <b>RESPIRATORY DISEASE</b> ?	N	%
Everyday	1	0.7
A few times a week	3	2.1
A few times a month	20	13.5
A few times a year	104	71.7
Never	17	11.7

How frequently do you assess <b>EFM TRACINGS</b> of patients with <b>RENAL DISEASE</b> ?	N	%
Everyday	0	0
A few times a week	3	2.1
A few times a month	5	3.4
A few times a year	104	71.7
Never	33	22.8

How frequently do you assess <b>EFM TRACINGS</b> of patients with <b>HELLP SYNDROME</b> ?	N	%
Everyday	1	0.7
A few times a week	3	2.1
A few times a month	27	18.6
A few times a year	106	73.1
Never	8	5.5

**2004 EFM Content Validation/Task Analysis  
Survey Results**

How frequently do you assess <b>EFM TRACINGS</b> of patients with a <b>MALPRESENTATION</b> ?	N	%
Everyday	1	0.7
A few times a week	14	9.7
A few times a month	68	46.9
A few times a year	59	40.7
Never	3	2.1

How frequently do you assess <b>EFM TRACINGS</b> of patients with <b>HEMOLYTIC INCOMPATIBILITY</b> ?	N	%
Everyday	0	0
A few times a week	1	0.7
A few times a month	10	6.9
A few times a year	80	55.2
Never	54	37.2

How frequently do you assess <b>EFM TRACINGS</b> of patients who experienced <b>TRAUMATIC INJURY</b> ?	N	%
Everyday	2	1.4
A few times a week	3	2.1
A few times a month	31	21.4
A few times a year	82	56.6
Never	27	18.6

How frequently do you assess patients undergoing <b>NONSTRESS TESTING</b> ?	N	%
Everyday	65	44.8
A few times a week	48	33.1
A few times a month	24	16.6
A few times a year	8	5.5
Never	0	0

How frequently do you assess patients undergoing <b>AMNIOCENTESIS</b> ?	N	%
Everyday	3	2.1
A few times a week	17	11.7
A few times a month	41	28.3
A few times a year	56	38.6
Never	28	19.3

**2004 EFM Content Validation/Task Analysis  
Survey Results**

How frequently do you assess patients undergoing <b>CONTRACTION STRESS TESTING?</b>	N	%
Everyday	2	1.4
A few times a week	8	5.5
A few times a month	27	18.6
A few times a year	71	49
Never	37	25.5

How frequently do you assess patients undergoing <b>FETAL ACID BASE TESTING?</b>	N	%
Everyday	1	0.7
A few times a week	1	0.7
A few times a month	7	4.8
A few times a year	20	13.8
Never	116	80

How frequently do you assess patients undergoing a <b>BIOPHYSICAL PROFILE?</b>	N	%
Everyday	20	13.8
A few times a week	42	29
A few times a month	44	30.3
A few times a year	25	17.2
Never	14	9.7

How frequently do assess patients undergoing <b>ULTRASOUND?</b>	N	%
Everyday	25	17.2
A few times a week	48	33.1
A few times a month	34	23.4
A few times a year	23	15.9
Never	15	10.3

How frequently do you assess patients undergoing <b>FETAL LUNG MATURATION STUDIES?</b>	N	%
Everyday	3	2.1
A few times a week	17	11.7
A few times a month	39	26.9
A few times a year	56	38.6
Never	30	20.7

**2004 EFM Content Validation/Task Analysis  
Survey Results**

How frequently do assess patients undergoing <b>FETAL ACOUSTIC STIMULATION?</b>	N	%
Everyday	9	6.2
A few times a week	25	17.2
A few times a month	36	24.8
A few times a year	42	29
Never	33	22.8

How frequently do you assess patients undergoing <b>FETAL SATURATION OXYGEN MONITORING?</b>	N	%
Everyday	1	0.7
A few times a week	1	0.7
A few times a month	4	2.8
A few times a year	16	11
Never	123	84.8

How frequently do you assess patients receiving <b>ANTENATAL CORTICOSTEROIDS?</b>	N	%
Everyday	8	5.5
A few times a week	37	25.5
A few times a month	49	33.8
A few times a year	40	27.6
Never	11	7.6

**2004 EFM Content Validation/Task Analysis  
Survey Results**

**EFM Nursing Skills**  
(Number of Respondents = 145)

How frequently do you <b>AUSCULTATE FETAL HEART RATE?</b>	N	%
Everyday	39	26.9
A few times a week	23	15.9
A few times a month	28	19.3
A few times a year	26	17.9
Never	29	20

How frequently do you <b>PLACE an EXTERNAL FETAL MONITOR?</b>	N	%
Everyday	117	80.7
A few times a week	22	15.2
A few times a month	3	2.1
A few times a year	2	1.4
Never	1	0.7

How frequently do you <b>INSERT an INTERNAL FETAL MONITOR?</b>	N	%
Everyday	17	11.7
A few times a week	42	29
A few times a month	26	17.9
A few times a year	19	13.1
Never	41	28.3

How frequently do you <b>INTERPRET BLOOD GASES?</b>	N	%
Everyday	13	9
A few times a week	19	13.1
A few times a month	40	27.6
A few times a year	32	22.1
Never	41	28.3

How frequently do you <b>PALPATE the UTERUS?</b>	N	%
Everyday	117	80.7
A few times a week	22	15.2
A few times a month	3	2.1
A few times a year	3	2.1
Never	0	0

**2004 EFM Content Validation/Task Analysis  
Survey Results**

How frequently do you <b>ASSESS VITAL SIGNS?</b>	N	%
Everyday	123	84.8
A few times a week	19	13.1
A few times a month	2	1.4
A few times a year	1	0.7
Never	0	0

How frequently do you <b>ASSESS UTERINE ACTIVITY?</b>	N	%
Everyday	119	82.1
A few times a week	21	14.5
A few times a month	2	1.4
A few times a year	3	2.1
Never	0	0

How frequently do you <b>ADMINISTER MEDICATIONS?</b>	N	%
Everyday	115	79.3
A few times a week	20	13.8
A few times a month	5	3.4
A few times a year	3	2.1
Never	2	1.4

How frequently do you <b>PERFORM VAGINAL EXAMINATIONS?</b>	N	%
Everyday	98	67.6
A few times a week	23	15.9
A few times a month	10	6.9
A few times a year	4	2.8
Never	10	6.9

How frequently do you <b>PREPARE IV PREPARATIONS?</b>	N	%
Everyday	109	75.2
A few times a week	18	12.4
A few times a month	4	2.8
A few times a year	7	4.8
Never	7	4.8

**2004 EFM Content Validation/Task Analysis  
Survey Results**

How frequently do you <b>MANAGE PATIENTS UNDERGOING INDUCTION OF LABOR?</b>	N	%
Everyday	68	46.9
A few times a week	58	40
A few times a month	5	3.4
A few times a year	3	2.1
Never	11	7.6

How frequently do you <b>EDUCATE PATIENTS ABOUT LABOR AND EFM?</b>	N	%
Everyday	111	76.6
A few times a week	25	17.2
A few times a month	6	4.1
A few times a year	3	2.1
Never	0	0

How frequently do you <b>INTERPRET FETAL HEART RATE TRACINGS?</b>	N	%
Everyday	118	81.4
A few times a week	23	15.9
A few times a month	2	1.4
A few times a year	1	0.7
Never	1	0.7

How frequently do you <b>PERFORM FETAL STIMULATION?</b>	N	%
Everyday	22	15.2
A few times a week	49	33.8
A few times a month	47	32.4
A few times a year	17	11.7
Never	10	6.9

**2004 EFM Content Validation/Task Analysis  
Survey Results**

**Practice Demographics**  
(Number of Respondents = 145)

Does your employer recognize your EFM Certificate of Added Qualification	N	%
Yes	91	62.8
No	54	37.2

Does your unit advocate the use of the National Institute of Child and Human Development Research Planning Workshop EFM Terminology?	N	%
Yes	75	51.7
No	70	48.3

Is the EFM Certificate of Added Qualification required for your position?	N	%
Yes	7	4.8
No	138	95.2

**Biographical Data**  
(Number of Respondents = 145)

	Response	N	%
Practice Setting (N = 145)	Hospital	136	93.8
	Physician's Office	4	2.8
	Academic Setting	3	2.1
	Follow-up Clinic	1	0.7
	Homecare	0	0
	Other	1	0.7
Education (N = 145)	PhD	3	2.1
	Master's	33	22.8
	Baccalaureate	56	38.6
	Associate	34	23.4
	Diploma	19	13.1
Years as a MN (N = 145)	1-5 years	13	9
	6-10 years	22	15.2
	11-15 years	23	15.9
	16-20 years	30	20.7
	Over 20 years	57	39.3
Practice Location (N = 145)	Northeast	31	21.4
	Southeast	32	22.1
	Midwest	34	23.4
	Northwest	20	13.8
	Southwest	28	19.3
	Outside the US	0	0