



# Job Analysis Report

National Certification Corporation

Inpatient Antepartum Nurse

March 2020

Submitted to:



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**Where people meet potential**

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# Executive Summary

This report describes the methodology and procedures used to conduct a job analysis and develop the exam specifications for the National Certification Corporation (NCC) Inpatient Antepartum Nurse (IAP) certification examination.

The three major activities that comprise the job analysis process described in this report are as follows:

1. **Job Analysis Committee Meeting** – A gathering of subject matter experts (SMEs) to discuss and develop a description of the scope of practice
2. **Job Analysis Survey** – A large-scale survey of practitioners not involved with the SME panel to validate the task and knowledge statements developed by the committee
3. **Development of Examination Specifications** – The development of an Examination Content Outline by the committee based on the results of the survey

Several practitioners were assembled by NCC to serve as subject matter experts (SMEs). The individuals selected represent a wide variety of work-related characteristics such as years of experience, work setting, geographic location, and areas of specialty. This helps in developing a scope of practice that is reflective of the roles and responsibilities of the job role and is relatively free from bias. By analyzing the experiences and expertise of current practitioners, the results from the job analysis become the basis of a validated assessment that reflects the competencies required for competent job performance.

The job analysis process utilized in this study yields exam specifications that accurately reflect the scope of practice, allowing for the development of fair, accurate, and realistic assessments of candidates' readiness for certification. The resultant Examination Content Outline (Appendix E) indicates a 150-item examination with content distribution requirements at the competency area (content domain) level as well as topic (content subdomain) level. The five competency areas are:

1. Maternal Physiology and Assessment
2. Fetal Physiology and Assessment
3. Obstetric Complications
4. Medical Complications in Pregnancy
5. Pharmacology

# Introduction

This report describes the methodology and procedures used to conduct a job analysis and develop the exam specifications for the National Certification Corporation (NCC) Inpatient Antepartum Nurse (IAP) certification examination.

The job analysis was conducted in accordance with principles and practices outlined in the *Standards for Educational and Psychological Testing*<sup>1</sup>, which describe principles and guidelines for all aspects of test development, including content validation.

A job analysis (sometimes referred to as a practice analysis, job task analysis, role delineation study, work analysis, or competency profiling) is a scientific inquiry conducted to identify the tasks and work activities conducted, the context in which those tasks and activities are carried out, and the competencies (knowledge areas, skills, and abilities) required to perform a job role successfully<sup>2</sup>. Different methods can be used which may differ in the levels of specificity in analyzing and describing different work elements, with the choice of method largely dependent on the intended purpose and use of the results. The methodology of the current analysis was tailored to the creation of exam specifications for test development.

When completed, the job analysis process utilized in this study yields exam specifications that accurately reflect the scope of practice, allowing for the development of fair, accurate, and realistic assessments of candidates' readiness for certification. The job analysis is typically performed every 5 to 7 years so that the content outline represents the current scope of practice. Because it serves as the primary basis for content validity evidence, as required by the aforementioned standards, the job analysis is a primary mechanism by which a certifying body or regulatory board can ensure the accuracy and defensibility of an exam. It serves as the foundation of the certification exam and is critical to the success of the entire exam development process. All necessary documentation verifying that the validation process has been implemented in accordance with professional standards is included in this report.

This report is divided into the major activities of the job analysis process, which are:

1. **Job Analysis Committee Meeting** – A gathering of subject matter experts (SMEs) to discuss and develop a description of the scope of practice
2. **Job Analysis Survey** – A large-scale survey to practitioners not involved with the SME panel to validate the task and knowledge statements developed by the committee
3. **Development of Examination Specifications** – The development of an Examination Content Outline by the committee based on the results of the survey

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<sup>1</sup> American Educational Research Association, American Psychological Association, National Council on Measurement in Education (2014). *Standards for Educational and Psychological Testing*. Washington, DC: AERA.

<sup>2</sup> Sackett, P.R., Walmsley, P.T., Laczko, R.M. (2012). *Job and work analysis: Industrial and Organizational Psychology*. In N. Schmitt, S. Highhouse (Eds.), *Comprehensive Handbook of Psychology*, Volume 12. New York, NY: John Wiley and Sons.

# Job Analysis Committee Meeting

NCC selected subject matter experts (SMEs) to represent a wide variety of work-related characteristics such as years of experience, work setting, geographic location, and areas of specialty to develop a scope of practice that is reflective of the roles and responsibilities of the job and is relatively free from bias. See Appendix A for a complete list of the SMEs and their qualifications.

PSI Services LLC (PSI) conducted a job analysis committee meeting on October 28-29, 2019 with SMEs to discuss the scope of practice and develop a list of tasks and knowledge areas that reflect the job role. PSI led the SMEs in refining task and knowledge statements, and organizing them into a domain and subdomain structure. The outgoing exam content outline was used as a resource when developing the knowledge and tasks. See Appendix B for the presentation used to orient the job analysis committee at the beginning of the meeting.

The job analysis committee developed 28 task statements, as follows:

1. Perform maternal physical assessment
2. Assess fetal status
3. Assess for signs of labor
4. Assess maternal psychosocial health
5. Assess for substance use
6. Obtain maternal and family history
7. Evaluate maternal nutritional status
8. Perform point of care testing
9. Obtain laboratory specimen
10. Establish maternal intravenous access
11. Interpret maternal assessment findings
12. Interpret fetal status
13. Develop individualized plan of care
14. Coordinate interdisciplinary care
15. Administer blood product
16. Administer medication
17. Monitor fetal status
18. Monitor maternal status
19. Modify plan of care
20. Manage invasive device
21. Perform intrauterine resuscitation
22. Perform maternal resuscitation
23. Perform neonatal resuscitation
24. Prepare for emergency delivery
25. Provide education
26. Perform patient handoff
27. Provide palliative care
28. Interpret laboratory findings

The job analysis committee developed 19 knowledge statements across 5 content domains, as follows.

1. Maternal Physiology and Assessment
  - A. Physiology of pregnancy
  - B. Maternal assessment and diagnostic testing
  - C. Psychosocial health (e.g., mental, emotional, environmental, cultural)
2. Fetal Physiology and Assessment
  - A. Fetal physiology
  - B. Antenatal testing (e.g., ultrasound, amniocentesis)
  - C. Electronic fetal monitoring
3. Obstetric Complications
  - A. Hypertensive disorders
  - B. Gestational diabetes
  - C. Fetal complications (e.g., multiple gestation, fetal anomaly, fetal demise)
  - D. Uterine, placental and amniotic fluid disorders
  - E. Obstetric emergencies (e.g., trauma, birth, maternal collapse)
4. Medical Complications in Pregnancy
  - A. Cardiovascular and respiratory disorders
  - B. Hematologic and thromboembolic disorders
  - C. Infectious disease
  - D. Metabolic, endocrine and autoimmune disorders
  - E. Neurological disorders
  - F. Renal and hepatic disorders
5. Pharmacology
  - A. Pharmacodynamics and pharmacokinetics
  - B. Pharmacotherapeutics (e.g., medication, fluids, blood component product)

Following the creation of the task and knowledge lists, the committee members were tasked with identifying linkages between the task and knowledge statements. This was done to provide evidence that the knowledge areas were indeed required to perform the tasks identified. This was also done to ensure that each task was covered by at least one relevant knowledge area and that each knowledge area had at least one relevant task identified. Table 1 shows a matrix of knowledge-task linkages identified.

**Table 1.**  
***Linkages Among Knowledge and Task Statements.***

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
<b>1</b>																												
A	X	X	X				X				X	X	X		X	X	X		X	X		X	X		X	X		X
B	X		X		X	X	X	X	X	X	X	X	X	X	X	X		X	X	X	X	X		X	X	X		X
C	X			X	X	X	X				X		X	X			X	X							X	X	X	
<b>2</b>																												
A		X										X	X		X	X		X	X		X	X		X	X		X	X
B		X						X			X	X	X		X	X							X	X	X		X	
C		X									X	X	X		X	X		X	X		X	X		X	X	X		X
<b>3</b>																												
A											X																	
B											X																	
C												X			X					X							X	
D											X	X			X					X			X					
E											X										X	X	X	X				
<b>4</b>																												
A											X											X						
B											X		X															
C									X	X	X										X							
D											X																	
E											X																	
F											X			X														
<b>5</b>																												
A														X	X					X	X	X		X	X		X	
B									X					X	X					X	X	X	X	X	X	X		X

# Job Analysis Survey

PSI developed, administered, and monitored a survey to validate the tasks and knowledge areas developed by the job analysis committee and to help determine content weighting. To this end, the survey collected respondents' ratings of the importance and frequency for each task and knowledge area. The importance and frequency scale were used to evaluate the appropriateness of the inclusion of each knowledge statement and task.

**Importance**                      How important is this task to your role in providing direct care for hospitalized antepartum patients?

How important is this knowledge to your role in providing direct care for hospitalized antepartum patients?

- 0 - Not Applicable
- 1 - Minimally Important
- 2 - Somewhat Important
- 3 - Moderately Important
- 4 - Very Important
- 5 - Critically Important

**Frequency**                      How often do you perform this task when providing direct care for hospitalized antepartum patients?

How often do you apply this knowledge when providing direct care for hospitalized antepartum patients?

- 0 - Never
- 1 - Annually
- 2 - Quarterly
- 3 - Monthly
- 4 - Weekly
- 5 - Daily

Between November 11 and 19, 2019, a pilot survey was conducted with the job analysis committee, and NCC staff members to ensure that the survey was operating correctly, and any modifications or corrections were made address the pilot survey reviewers' comments. See Appendix C for a copy of the final job analysis survey.

The live survey was sent using online survey software to nurses practicing in the antepartum specialty. The number of individuals that responded to the survey was 479. The survey was opened on December 2, 2019 and closed on January 15, 2020. See Appendix D for the email sent to potential respondents.





Following the close of the survey, the data were analyzed to identify any respondents who did not complete the survey or provided responses lacking any variance (i.e., “straight-lining” or providing the same response to every task or knowledge). Responses from 257 respondents were removed from the data set, yielding a usable number of 222 responses. Of those respondents who were removed, 229 were removed due to not completing the survey, 1 was removed due to a lack of variance in their responses, and 27 were removed due to reporting that they did not work with hospitalized antepartum patients between 8 and 60 hours per week.

Table 2 shows the mean ratings provided for frequency and importance of the task statements. Table 3 shows the mean ratings provided for the frequency and importance of the knowledge statements.

**Table 2.**  
*Frequency and Importance Ratings for Task Statements.*

Task Statements		Importance	Frequency
1	Perform maternal physical assessment	4.70	4.92
2	Assess fetal status	4.82	4.93
3	Assess for signs of labor	4.53	4.91
4	Assess maternal psychosocial health	4.21	4.84
5	Assess for substance use	4.13	4.59
6	Obtain maternal and family history	4.25	4.54
7	Evaluate maternal nutritional status	3.78	4.60
8	Perform point of care testing	3.99	4.66
9	Obtain laboratory specimen	4.26	4.70
10	Establish maternal intravenous access	4.29	4.62
11	Interpret maternal assessment findings	4.70	4.95
12	Interpret fetal status	4.82	4.94
13	Develop individualized plan of care	3.95	4.79
14	Coordinate interdisciplinary care	4.04	4.55
15	Administer blood product	4.18	2.85
16	Administer medication	4.55	4.94
17	Monitor fetal status	4.78	4.93
18	Monitor maternal status	4.75	4.93
19	Modify plan of care	3.77	4.60
20	Manage invasive device	3.50	3.47
21	Perform intrauterine resuscitation	4.36	3.79
22	Perform maternal resuscitation	4.54	1.80
23	Perform neonatal resuscitation	4.51	2.40
24	Prepare for emergency delivery	4.70	3.53
25	Provide education	4.34	4.87
26	Perform patient handoff	4.43	4.93
27	Provide palliative care	3.30	2.03
28	Interpret laboratory findings	4.33	4.79

**Table 3.*****Frequency and Importance Ratings for Knowledge Statements.***

<b>Knowledge Statements</b>		<b>Importance</b>	<b>Frequency</b>
1	Physiology of pregnancy	4.36	4.78
2	Maternal assessment and diagnostic testing	4.59	4.90
3	Psychosocial health (e.g., mental, emotional, environmental, cultural)	4.21	4.81
4	Fetal physiology	4.37	4.75
5	Antenatal testing (e.g., ultrasound, amniocentesis)	4.05	4.05
6	Electronic fetal monitoring	4.75	4.96
7	Hypertensive disorders	4.78	4.74
8	Gestational diabetes	4.62	4.63
9	Fetal complications (e.g., multiple gestation, fetal anomaly, fetal demise)	4.55	4.20
10	Uterine, placental and amniotic fluid disorders	4.59	4.27
11	Obstetric emergencies (e.g., trauma, birth, maternal collapse)	4.73	3.59
12	Cardiovascular and respiratory disorders	4.48	3.92
13	Hematologic and thromboembolic disorders	4.45	3.66
14	Infectious disease	4.26	3.39
15	Metabolic, endocrine and autoimmune disorders	4.20	3.67
16	Neurological disorders	4.05	2.93
17	Renal and hepatic disorders	4.23	3.37
18	Pharmacodynamics and pharmacokinetics	4.17	4.45
19	Pharmacotherapeutics (e.g., medication, fluids, blood component product)	4.39	4.67

The survey included demographic questions regarding professional characteristics relevant to the job role. Table 4 shows a summary of the demographic questions in the survey.

**Table 4.*****Results of the Demographic Questions in the Job Analysis Survey.***

<b>1. Do you agree to participate in this survey?</b>	<i>n</i>	%
<b>Yes</b>	464	96.87
<b>No</b>	15	3.13

<b>2. Do you currently provide direct care for hospitalized antepartum patients?</b>	<i>n</i>	%
<b>Yes</b>	377	81.96
<b>No</b>	83	18.04

**3. How many years of experience do you have providing direct care for hospitalized antepartum patients? (Please enter a whole number)**

**Mean = 13.96 | Standard Deviation = 10.10 | Minimum = 0.00 | Maximum = 42.00**

**4. On average, how many hours per week do you provide direct care for hospitalized antepartum patients? (Please enter a whole number)**

**Mean = 27.82 | Standard Deviation = 10.58 | Minimum = 8.00 | Maximum = 50.00**

<b>5. Do you work in a facility with a dedicated inpatient antepartum unit?</b>	<i>n</i>	%
<b>Yes</b>	152	68.47
<b>No</b>	70	31.53

<b>6. What is your highest level of NURSING education?</b>	<i>n</i>	%
<b>Diploma</b>	5	2.25
<b>Associate's Degree</b>	36	16.22
<b>Bachelor's Degree</b>	142	63.96
<b>Master's Degree</b>	33	14.86
<b>Doctorate Degree - PhD</b>	2	0.90
<b>Doctorate Degree - DNP</b>	4	1.80

<b>7. Where is your PRIMARY inpatient antepartum workplace located?</b>	<i>n</i>	%
<b>Northeast</b>	25	11.42
<b>Midwest</b>	54	24.66
<b>South</b>	94	42.92
<b>West</b>	45	20.55
<b>Territories</b>	0	0.00
<b>Canada</b>	1	0.46

<b>8. What is the highest level hospital/unit designation in which you provide direct care for hospitalized antepartum patients?</b>	<i>n</i>	%
<b>Birth Center (Peripartum care of low-risk women with uncomplicated singleton term pregnancies with a vertex presentation who expect an uncomplicated birth).</b>	0	0.00
<b>Level I (Basic Care) Uncomplicated pregnancies with ability to detect, stabilize and initiate management of unanticipated maternal-fetal or neonatal problems and transfer as needed.</b>	21	9.46
<b>Level II (Specialty Care) Level I facility plus care of appropriate high-risk antepartum, intrapartum or postpartum conditions both directly admitted or transferred in.</b>	34	15.32
<b>Level III (Subspecialty Care) Level II facility plus care of more complex maternal conditions, obstetric complications and fetal conditions. Advanced imaging.</b>	74	33.33
<b>Level IV (Regional Health Care Centers) Level III facility plus on-site medical and surgical care of the most complex maternal conditions and critically ill pregnant women and fetuses throughout antepartum, intrapartum and postpartum. Onsite ICU care, maternal referral and transport, outreach.</b>	80	36.04
<b>Do not know</b>	13	5.86
<b>Not Applicable</b>	0	0.00

# Development of Exam Specifications

The Job Analysis Committee met on March 4, 2020 to review the results of the survey, finalize the tasks and knowledge that would comprise the next Examination Content Outline, and finalize the content weighting for the examination.

The committee reviewed the demographic results and confirmed that the results matched expectations and impressions of the practitioner population, suggesting that the respondent sample is reflective of the target population. No changes were made to the task or knowledge lists following review of the data.

The committee then reviewed the draft content weighting, discussing any adjustments necessary to align the number of items per content area for adequate content coverage on the assessment. The draft content weighting was developed by calculating the criticality value (mean importance rating multiplied by the mean frequency rating) and then determining a percentage weight based on the relative weight of the criticality value for each content area.

The committee made the following changes to the draft content weighting:

- increased 1A (Physiology of pregnancy) from 9 to 10 items
- decreased 1C (Psychosocial health) from 9 to 7 items
- decreased 2A (Fetal physiology) from 9 to 7 items
- increased 2C (Electronic fetal monitoring) from 10 to 11 items
- decreased 3B (Gestational diabetes) from 9 to 7 items
- increased 4A (Cardiovascular and respiratory disorders) from 7 to 10 items
- increased 4C (Infectious disease) from 6 to 8 items
- increased 4D (Metabolic, endocrine and autoimmune disorders) from 7 to 8 items
- decreased 4E (Neurological disorders) from 5 to 4 items
- decreased 5A (Pharmacodynamics and pharmacokinetics) from 8 to 5 items
- increased 5B (Pharmacotherapeutics) from 9 to 10 items

See Table 5 for a summary of the content weighting determination. The final Examination Content Outline can be found in Appendix E.

**Table 5.**  
*Content Weighting Determination.*

<b>Knowledge Statements</b>	<b>Criticality</b>	<b>Percentage</b>	<b># Items</b>
1A Physiology of pregnancy	20.84	6.67%	10
1B Maternal assessment and diagnostic testing	22.49	6.67%	10
1C Psychosocial health (e.g., mental, emotional, environmental, cultural)	20.25	4.67%	7
2A Fetal physiology	20.74	4.67%	7
2B Antenatal testing (e.g., ultrasound, amniocentesis)	16.40	4.67%	7
2C Electronic fetal monitoring	23.56	7.33%	11
3A Hypertensive disorders	22.64	6.67%	10
3B Gestational diabetes	21.39	4.67%	7
3C Fetal complications (e.g., multiple gestation, fetal anomaly, fetal demise)	19.10	5.33%	8
3D Uterine, placental and amniotic fluid disorders	19.62	5.33%	8
3E Obstetric emergencies (e.g., trauma, birth, maternal collapse)	17.01	4.67%	7
4A Cardiovascular and respiratory disorders	17.58	6.67%	10
4B Hematologic and thromboembolic disorders	16.29	4.67%	7
4C Infectious disease	14.46	5.33%	8
4D Metabolic, endocrine and autoimmune disorders	15.43	5.33%	8
4E Neurological disorders	11.87	2.67%	4
4F Renal and hepatic disorders	14.24	4.00%	6
5A Pharmacodynamics and pharmacokinetics	18.56	3.33%	5
5B Pharmacotherapeutics (e.g., medication, fluids, blood component product)	20.50	6.67%	10

# Appendix A

## Subject Matter Experts

### Job Analysis Committee

NAME	RELEVANT CREDENTIALS	YEARS OF EXPERIENCE	EMPLOYER/ AFFILIATION	JOB TITLE	GEOGRAPHIC LOCATION
<b>Katharine Donaldson</b>	MSN, WHNP-BC, RNC-OB, CPLS, C-EFM	35	Central Jersey Family Health Consortium	Nurse Consultant	PA
<b>Kathleen Mahoney</b>	PhD, MSN, APN, RNC-OB, C-EFM	42	New Jersey City University	Assistant Professor	NJ
<b>Danielle Felty</b>	MSN, RN, NEA-BC, RNC-OB, C-EFM	20	Loyola MacNeal	Women and Children's Director	IL
<b>Melissa Claudio</b>	DNP, MSN, MBA, C-EFM, RNC-OB	23	Loyola University Medical Center	Adjunct Clinical Faculty	IL
<b>April Slagle</b>	BSN, RNC-OB	26	Medical University of South Carolina	Registered Nurse	SC
<b>Christi Herrera</b>	RNC-OB	11	University of North Carolina Health Care	Charge Nurse	NC
<b>Nicole Jung</b>	MSN, RN, NE-BE WHNP-BC	31	University of North Carolina Medical Center	Women's Clinical Nurse Specialist	NC
<b>Janet Kersey</b>	RNC-OB, C-EFM	29	Hoag Memorial Hospital Presbyterian	Clinical Nurse IV	CA
<b>Jennifer Ayala</b>	RNC-OB, C-EFM	21	Parkview Community Hospital	Director of Maternal Child Health	CA
<b>Mary Andrykovitch</b>	BSN, INP-OB	16	Cleveland Clinic Foundation	Staff Registered Nurse	OH
<b>Elizabeth Pinkston</b>	BSN, RNC-OB	12	Stormont Vail Birthplace	Birthplace Charge Nurse	KS
<b>Susan Hale</b>	DNP, RNC-OB, C-EFM	26	The Ohio State Wexner Medical Center	Health System Nursing Educator	OH

# Appendix B

## Job Analysis Presentation



### Job Analysis

PSI Certification Psychometrics

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### Objectives



Develop a description of the profession

- Define the relevant tasks
- Define the relevant knowledge



Develop all other elements for a survey

- Develop background information questions
- Review rating scales



Establish linkages

- Identify meaningful connections between the task and knowledge lists



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## Job Analysis Process

1. Prepare Draft Materials
2. Conduct Job Analysis Meeting
3. Conduct Pilot Survey
4. Conduct Live Survey
5. Perform Data Analysis
6. Create Exam Specifications
7. Develop Summary Report

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## Introduction



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## Purpose of Credentialing Examinations

- To protect the public from harm caused by incompetent professional practice
- To assess professional competence in terms of the knowledge and skills required to successfully perform the tasks associated with the job role
- To establish and apply a consistent standard that reflects the competency level required of practitioners who meet the eligibility requirements
- To provide a valid and reliable means of identifying those who are competent to practice in the profession



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# What is a Job Analysis?

“ Procedure to identify the content of a job in terms of activities involved and attributes or requirements needed to perform the activities. ”

This is the primary source of content validity for a credentialing assessment

This is the process by which the Examination Specifications are created

A representative list of knowledge and tasks associated with the job is developed

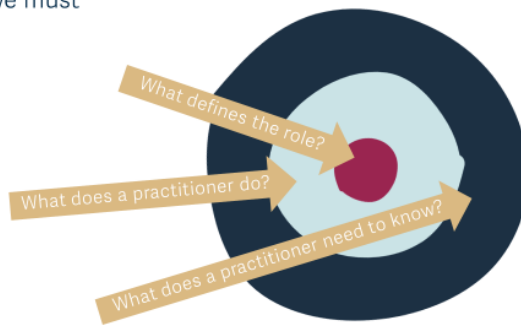


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## Multiple Levels of Analysis

To create a comprehensive and accurate representation of the job role, we must identify:

- Target Population
- Tasks Performed
- Knowledge Required



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## Terminology

### Tasks

Specific work activities performed to fulfill job responsibilities

### Knowledge

Information needed to fulfill job responsibilities

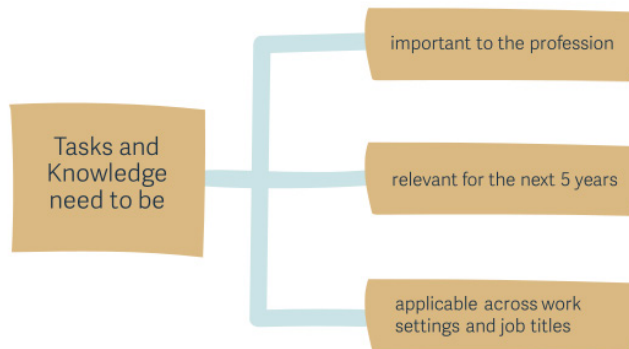
### Content Domains (and subdomains)

Grouping of knowledge topics, required to create an outline format



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## Requirements for Tasks and Knowledge



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## Rating Scales

**Importance**

How important is this [task / knowledge] to the job role?

- 0 - Not Relevant
- 1 - Minimally Important
- 2 - Somewhat Important
- 3 - Moderately Important
- 4 - Very Important
- 5 - Critically Important

**Frequency**

How frequently is this [task performed / knowledge used] in the job role?

- 0 - Not Relevant
- 1 - Rarely
- 2 - Seldom
- 3 - Occasionally
- 4 - Frequently
- 5 - Very Frequently



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## Why Are You Here?

### Subject Matter Experts (SMEs)

You are here to provide your content expertise and your professional experience

### Facilitators

We are here to guide you through the process

### Client Representatives

You are here to provide additional background information and the certifying body's perspective



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# Questions?



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## Linkage Process



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## Linkage Analysis

### Knowledge vs. Task

- The list of Knowledge areas is used to delineate what content will be directly assessed by the exam
- Tasks provide additional context for the application of those knowledge and skills

### Purpose of Linkage Analysis

- To establish evidence that the Knowledge areas are applicable to the Tasks
- To determine any potential gaps in either inventory



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# Linkage Matrix

- We will identify connections among tasks and knowledge

The Outcome Looks Something Like This

Each linkage represents that the knowledge is required in order to complete the task

	T1	T2	T3	T4	T5
1A1	X				
1A2		X			
1A3		X		X	
1B1			X		
1B2			X		X
1C1				X	
1C2				X	
2A1	X		X		
2A2		X			
2B1			X	X	
2B2		X			
2B3			X	X	X
2B4		X	X		



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## Linkage Thought Process

Doesn't everything apply to everything?  
- Not exactly

	Grilling	Baking
Knife Techniques	X	-

Consider this example:

- I need knowledge of Knife Techniques to Prepare Ingredients For Grilling
- I don't need knowledge of Knife Techniques to Mix Baking Ingredients



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# Questions?




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# Appendix C

## Survey Text



### IAP 2019 Job Analysis Survey

#### Introduction

#### Welcome to the NCC Inpatient Antepartum Nursing (IAP) Job Analysis Survey

The purpose of this survey is to identify tasks and knowledge reflective of the role of an Inpatient Antepartum Nurse (IAP). The results of this survey will be used to help develop the specifications for the IAP certification exam.

The survey will likely require 15 to 20 minutes to complete. You can complete each part of the survey in separate sittings at the same computer. Please be aware that you must completely finish a page before clicking on "Next" to save your responses up to that point. If you need to review your responses, you can use the 'Prev' button to move back through the survey. There is no limit on the number of times you can use the link to go back to the survey before clicking on "Done" to submit your survey.

Your individual responses will be kept confidential and will be combined with those of other respondents. Only staff persons from PSI Services and NCC will have access to the data collected. Aggregated data from this survey will be published in a report that summarizes the process used to develop the specifications for the IAP certification exam. For more information about PSI's privacy and data protection policy, please click [here](#).

Please direct all inquiries to: [info@nccnet.org](mailto:info@nccnet.org)

\* Do you agree to participate in this survey?

Yes  
 No



## IAP 2019 Job Analysis Survey

### Background Information

***Please answer the following questions about your background. This information is confidential and will be used only to analyze the data across different groups of respondents (e.g., respondents from different regions, etc.)***

\* Do you currently provide direct care for hospitalized antepartum patients?

Yes

No



## IAP 2019 Job Analysis Survey

### Background Information

How many years of experience do you have providing direct care for hospitalized antepartum patients?  
(Please enter a whole number)

On average, how many hours per week do you provide direct care for hospitalized antepartum patients?  
(Please enter a whole number)

Do you work in a facility with a dedicated inpatient antepartum unit?

- Yes  
 No

What is your highest level of **NURSING** education?

- Diploma  Master's Degree  
 Associate's Degree  Doctorate Degree - PhD  
 Bachelor's Degree  Doctorate Degree - DNP

Where is your **PRIMARY** inpatient antepartum workplace located?



What is the highest level hospital/unit designation in which you provide direct care for hospitalized antepartum patients?

- Birth Center** (Peripartum care of low-risk women with uncomplicated singleton term pregnancies with a vertex presentation who expect an uncomplicated birth).
- Level I (Basic Care)** Uncomplicated pregnancies with ability to detect, stabilize and initiate management of unanticipated maternal-fetal or neonatal problems and transfer as needed.
- Level II (Specialty Care)** Level I facility plus care of appropriate high-risk antepartum, intrapartum or postpartum conditions both directly admitted or transferred in.
- Level III (Subspecialty Care)** Level II facility plus care of more complex maternal conditions, obstetric complications and fetal conditions. Advanced imaging.
- Level IV (Regional Health Care Centers)** Level III facility plus on-site medical and surgical care of the most complex maternal conditions and critically ill pregnant women and fetuses throughout antepartum, intrapartum and postpartum. Onsite ICU care, maternal referral and transport, outreach.
- Do not know
- Not applicable



## IAP 2019 Job Analysis Survey

### Task Ratings

Please use the following rating scales to evaluate each task statement.

**Importance: How important is this task to your role in providing direct care for hospitalized antepartum patients?**

- Not applicable
- Minimally important
- Somewhat important
- Moderately important
- Very important
- Critically important

**Frequency: How often do you perform this task when providing direct care for hospitalized antepartum patients?**

- Never
- Annually
- Quarterly
- Monthly
- Weekly
- Daily

What are the importance and performance frequency of each task *in your practice* providing direct care for hospitalized antepartum patients?

Importance	Frequency
Perform maternal physical assessment	
<input type="text"/>	<input type="text"/>
Assess fetal status	
<input type="text"/>	<input type="text"/>
Assess for signs of labor	
<input type="text"/>	<input type="text"/>

Importance	Frequency
Assess maternal psychosocial health <input type="text"/>	<input type="text"/>
Assess for substance use <input type="text"/>	<input type="text"/>
Obtain maternal and family history <input type="text"/>	<input type="text"/>
Evaluate maternal nutritional status <input type="text"/>	<input type="text"/>
Perform point of care testing <input type="text"/>	<input type="text"/>
Obtain laboratory specimen <input type="text"/>	<input type="text"/>
Establish maternal intravenous access <input type="text"/>	<input type="text"/>
Interpret maternal assessment findings <input type="text"/>	<input type="text"/>
Interpret fetal status <input type="text"/>	<input type="text"/>
Develop individualized plan of care <input type="text"/>	<input type="text"/>
Coordinate interdisciplinary care <input type="text"/>	<input type="text"/>
Administer blood product <input type="text"/>	<input type="text"/>
Administer medication <input type="text"/>	<input type="text"/>
Monitor fetal status <input type="text"/>	<input type="text"/>
Monitor maternal status	

Importance	Frequency
<input type="text"/>	<input type="text"/>
Modify plan of care	
<input type="text"/>	<input type="text"/>
Manage invasive device	
<input type="text"/>	<input type="text"/>
Perform intrauterine resuscitation	
<input type="text"/>	<input type="text"/>
Perform maternal resuscitation	
<input type="text"/>	<input type="text"/>
Perform neonatal resuscitation	
<input type="text"/>	<input type="text"/>
Prepare for emergency delivery	
<input type="text"/>	<input type="text"/>
Provide education	
<input type="text"/>	<input type="text"/>
Perform patient handoff	
<input type="text"/>	<input type="text"/>
Provide palliative care	
<input type="text"/>	<input type="text"/>
Interpret laboratory findings	
<input type="text"/>	<input type="text"/>

What critical task, if any, do you think is missing from this list?  
Please do not include any personally identifiable information in your responses.



## IAP 2019 Job Analysis Survey

### Knowledge Ratings

Please use the following rating scales to evaluate each task statement.

**Importance:** How important is this knowledge to your role in providing direct care for hospitalized antepartum patients?

- Not applicable
- Minimally important
- Somewhat important
- Moderately important
- Very important
- Critically important

**Frequency:** How often do you apply this knowledge when providing direct care for hospitalized antepartum patients?

- Never
- Annually
- Quarterly
- Monthly
- Weekly
- Daily

What are the importance and frequency of application of these **Maternal Physiology and Assessment** knowledge areas *in your practice* providing direct care for hospitalized antepartum patients?

Importance	Frequency
Physiology of pregnancy <input type="text"/>	<input type="text"/>
Maternal assessment and diagnostic testing <input type="text"/>	<input type="text"/>
Psychosocial health (e.g., mental, emotional, environmental, cultural) <input type="text"/>	<input type="text"/>

What are the importance and frequency of application of these **Fetal Physiology and Assessment** knowledge areas *in your practice* providing direct care for hospitalized antepartum patients?

Importance	Frequency
Fetal physiology <input type="text"/>	<input type="text"/>
Antenatal testing (e.g., ultrasound, amniocentesis) <input type="text"/>	<input type="text"/>
Electronic fetal monitoring <input type="text"/>	<input type="text"/>

What are the importance and frequency of application of these **Obstetric Complications** knowledge areas *in your practice* providing direct care for hospitalized antepartum patients?

Importance	Frequency
Hypertensive disorders <input type="text"/>	<input type="text"/>
Gestational diabetes <input type="text"/>	<input type="text"/>
Fetal complications (e.g., multiple gestation, fetal anomaly, fetal demise) <input type="text"/>	<input type="text"/>
Uterine, placental and amniotic fluid disorders <input type="text"/>	<input type="text"/>
Obstetric emergencies (e.g., trauma, birth, maternal collapse) <input type="text"/>	<input type="text"/>

What are the importance and frequency of application of these **Medical Complications in Pregnancy** knowledge areas **in your practice** providing direct care for hospitalized antepartum patients?

Importance	Frequency
Cardiovascular and respiratory disorders <input type="text"/>	<input type="text"/>
Hematologic and thromboembolic disorders <input type="text"/>	<input type="text"/>
Infectious disease <input type="text"/>	<input type="text"/>
Metabolic, endocrine and autoimmune disorders <input type="text"/>	<input type="text"/>
Neurological disorders <input type="text"/>	<input type="text"/>
Renal and hepatic disorders <input type="text"/>	<input type="text"/>

What are the importance and frequency of application of these **Pharmacology** knowledge areas **in your practice** providing direct care for hospitalized antepartum patients?

Importance	Frequency
Pharmacodynamics and pharmacokinetics <input type="text"/>	<input type="text"/>
Pharmacotherapeutics (e.g., medication, fluids, blood component product) <input type="text"/>	<input type="text"/>

What critical knowledge area, if any, do you think is missing from this list?  
Please do not include any personally identifiable information in your responses.



## IAP 2019 Job Analysis Survey

### Specific Examples of Practice

NCC wants to know if the following *specific examples of practice* are relevant *in your practice* providing direct care for hospitalized antepartum patients.

Do you manage cervical ripening devices?

- Yes  
 No

Do you use Dinoprostone (Cervidil) in the Antepartum unit?

- Yes  
 No

Do you manage patients with peritoneal dialysis?

- Yes  
 No

Do you provide post operative surgical care of mothers after fetal surgeries?

- Yes  
 No

Do you care for patients that are at risk for postpartum hemorrhage?

- Yes  
 No

Is Chorioamnionitis now called Intrauterine Inflammation Infection (Triple I) on your antepartum unit?

- Yes  
 No



Do you manage patients on nicardipine?

Yes

No

Do you manage patients on insulin drips?

Yes

No



## IAP 2019 Job Analysis Survey

### Survey Incentive

Thank you for participating in the Antepartum Job Analysis survey. We welcome your input. This is a great example of integrating shared governance into the development of new knowledge and innovation. We hope that in Magnet institutions, participation in this survey will be recognized for clinical ladder work. You can request a confirmation of participation certificate by including your name and email address on the next page. Thank you for your contribution to the profession of nursing!

If you would like to be receive a certificate of completion, please provide your name and email address.

\* Do you agree to provide your name and email address?

- Yes - You will be directed to a new page of the survey to enter your email address
- No - Your survey session will finish



## IAP 2019 Job Analysis Survey

Please enter your name and email address in the boxes below:

Name

Email Address



## IAP 2019 Job Analysis Survey

### **Thank You for Completing the IAP Job Analysis Survey!**

**If you need to review your answers, you can use the 'Prev' button below to move back through the survey.**

**To submit your results, click on the 'Done' button at the bottom of the screen.**

# Appendix D

## Survey Invitation Email

DATE:	December 2, 2019
FROM:	info@nccnet.org
SUBJECT:	NCC Inpatient Antepartum Nursing (IAP) Job Analysis Survey
BODY:	<p>A new Antepartum Nursing exam is being development by the National Certification Corporation (NCC). We need your help on a survey that will assist us in developing the content for the examination. If you work in Antepartum nursing, please click on the link below and take the survey letting us know the work you do. The results of the survey will help develop the specifications for the Antepartum (IAP) certification exam. This is a great way to contribute to the industry and ensure that a high standard is maintained.</p> <p>The survey will likely require 15 to 20 minutes to complete. Your individual responses will be kept confidential and will be combined with those of other respondents. The deadline to complete the survey is January 13, 2020.</p> <p>Please note that participation in this survey is voluntary. At the end of the survey you can choose to provide your name and email for a certificate of completion.</p> <p>Please read all questions carefully and select responses that best represent your current practice providing direct care for hospitalized antepartum patients.</p> <p>Spread the word amongst your colleagues by using this link: <a href="https://www.surveymonkey.com/r/nccantepartum_cr">https://www.surveymonkey.com/r/nccantepartum_cr</a></p> <p>Please do NOT forward this email invitation to others as it is unique to you.</p> <p>Thank you for your participation. Please direct all inquiries to info@nccnet.org</p>

# Appendix E

## Exam Content Outline

<b>1</b>	<b>Maternal Physiology and Assessment</b>	<b>27</b>
A	Physiology of pregnancy	10
B	Maternal assessment and diagnostic testing	10
C	Psychosocial health (e.g., mental, emotional, environmental, cultural)	7
<b>2</b>	<b>Fetal Physiology and Assessment</b>	<b>25</b>
A	Fetal physiology	7
B	Antenatal testing (e.g., ultrasound, amniocentesis)	7
C	Electronic fetal monitoring	11
<b>3</b>	<b>Obstetric Complications</b>	<b>40</b>
A	Hypertensive disorders	10
B	Gestational diabetes	7
C	Fetal complications (e.g., multiple gestation, fetal anomaly, fetal demise)	8
D	Uterine, placental and amniotic fluid disorders	8
E	Obstetric emergencies (e.g., trauma, birth, maternal collapse)	7
<b>4</b>	<b>Medical Complications in Pregnancy</b>	<b>43</b>
A	Cardiovascular and respiratory disorders	10
B	Hematologic and thromboembolic disorders	7
C	Infectious disease	8
D	Metabolic, endocrine and autoimmune disorders	8
E	Neurological disorders	4
F	Renal and hepatic disorders	6
<b>5</b>	<b>Pharmacology</b>	<b>15</b>
A	Pharmacodynamics and pharmacokinetics	5
B	Pharmacotherapeutics (e.g., medication, fluids, blood component product)	10



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