

Currently, this exam is
NOT ELIGIBLE for testing
with Live Remote
Proctoring (LRP).



2020 CANDIDATE GUIDE

OBSTETRIC AND NEONATAL QUALITY AND SAFETY

*Congratulations on taking the next step in your career
– earning your certification and C-ONQS certification!*

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THIS EXAM'S PURPOSE

The purpose of the Obstetric and Neonatal Quality and Safety Subspecialty Certification is to provide a competency-based examination that tests specialty knowledge and the application of that knowledge for licensed health care professionals in the US and Canada, who apply quality and safety principles and data in practice to improve care to obstetrical and neonatal patients in both inpatient and outpatient settings..

IT IS IMPORTANT TO READ THE INFORMATION IN THIS GUIDE. IT WILL ANSWER YOUR QUESTIONS AND WILL EXPLAIN ALL POLICIES TO WHICH YOU WILL BE SUBJECT.

ABOUT THIS GUIDE

This guide lists fees, general policies and provides information that will help you prepare for the examination including sample questions to familiarize you with question format, competency statements and examination content in outline form. Study resources are also suggested for your review. It is recommended that you familiarize yourself with the information in this guide.

NCC examinations are offered in several different test administrations options. The NCC publication **Guide to Testing Methods** will explain the different rules and policies based on how you are taking the examination. Please download this publication from the NCC website and review the exam administration options. It should answer your questions about the NCC examination process.

If you have other questions, please feel free to contact NCC through the NCC website at NCCwebsite.org.

NCC'S PHILOSOPHY OF TESTING

Certification is an evaluative process that provides the opportunity for health care professionals in the obstetric, gynecologic and/or neonatal specialty to demonstrate publicly what they know and to be recognized for the special knowledge they possess. The NCC certification carries no licensing authority. The ability to practice as a health care professional is regulated by the state, and while certification may be required in some states for specific health care roles, NCC has no regulatory power to require states to recognize NCC certification for this purpose. Practice and educational standards are reflected in the certification process, but the responsibility for development of such standards rests with the professional specialty organizations and the educational community. NCC encourages individual to seek out information about how certification relates to licensure requirements, program accreditation of the educational institutions attended, the educational and practice standards of national specialty organizations, and employment expectations.

FEES & GENERAL POLICIES

EXAMINATION AND RELATED FEES

EXAMINATION FEES*

Computer Exam Fees are \$210 which includes the non-refundable \$50 application fee.

**Examination fees are subject to change.*

CHANGE REQUEST

Candidates who cannot take their currently scheduled examination, have missed their testing date or need to take a different exam - can request a change for a fee of \$125. Details are on the NCC website.

WITHDRAWAL FEE

A computer testing candidate who withdraws from testing is subject to a \$105 withdrawal fee. The candidate will receive \$105 of their \$210 payment, minus any outstanding charges.

RETEST FEE

Retest candidates must pay full application and examination fees. There are no discounts and they must complete a 90-day wait period* before resubmitting an application for testing. (*see Retest Policy page 4). Certifications exams of the same specialty can only be taken TWICE in a calendar year for the same candidate.

SUBSTITUTION FEE

Candidate substitutions are not allowed for any reason.

THIRD PARTY PAYMENTS

Applicant fees paid by third parties will be reimbursed to the third party in the event the applicant is determined ineligible or withdraws within the specified time. Reimbursement will be in accordance with stated refund policies.

Computer exam candidates can change their scheduled testing date to another date within their window **once for free**.

Candidates must handle this directly with PSI/AMP.

Refer to the NCC testing guide for details.

NO REFUNDS WILL BE CONSIDERED FOR ANY CANDIDATE

- who has taken an examination
- who is not successful in achieving certification
- who failed to take the exam via computer within the 90-day testing window and did not submit a change request within stated time frames
- who is unable to schedule their exam and is beyond the first 30 days of their eligibility window

FEES & GENERAL POLICIES

PAYMENT INFORMATION

- All applications are subject to a nonrefundable application fee.
- All fees are nonrefundable except where otherwise noted.
- Payments can be made by credit card (Visa, American Express and MasterCard only).
- Payments can be made by check: bank routing number and account number required.
- For payments made by third parties, any refund reimbursement will be issued to the third party and not to the applicant.
- All payments must be in US funds.
- NCC does not accept debit cards or split payments (part check and part credit card).
- Exam fees can only be submitted online at the NCC website. Applications will not be accepted by mail, phone or fax.
- NCC will accept group payments for certification exams from institutions. Details are on the NCC website.

OTHER NON-REFUNDABLE PAYMENT RELATED FEES

INCOMPLETE APPLICATION FEE

All incomplete applications (those applications submitted with missing information, containing incomplete or incorrect information, missing required licensure information and upload, or do not include full fee payment) are subject to a non-refundable \$30 reprocessing fee upon the submission of proper documentation.

LICENSE VERIFICATION FEE

If licensure information is requested requiring an additional submission the candidate will have 2 weeks to provide the license with all the correct information and pay the non-refundable \$30 reprocessing fee. If this is not provided within the two weeks, NCC will attempt to verify the license and a \$50 verification fee will be added to your account as arrears. If the candidate is deemed eligible at that point, they may schedule and sit for the exam. However, the exam will not be scored until such arrears are resolved. If NCC is unable to verify the license, you will be found ineligible and you will be refunded your registration fee minus \$100 (\$50 non-refundable application fee and \$50 non-refundable license verification fee).

RETURNED CHECKS AND CREDIT CARD CHARGEBACK FEE

A \$30 fee will be assessed for any check or e-check returned or a credit card payment disputed for any reason. Remittance thereafter of all fees and applications must be in the form requested by NCC.

Certification will be revoked or withheld if a returned check or a chargeback request on a credit card payment results in loss of income to NCC and the monies are not recovered in an alternate payment. Fees received at any time will first be applied to any unpaid prior certification/special fees.

FEES & GENERAL POLICIES

VERIFICATION OF CERTIFICATION

Third party notification of status will not be released without authorization from the Certified Professional. A \$30 fee is required for any third party notification or issuance of duplicates of test results reports. Verification requests can only be submitted after official written results have been received in the mail.

Verification requests can only be made via the online verification system on the NCC website. NCC does not issue verifications via the mail or fax.

GENERAL POLICIES

UNSUCCESSFUL CANDIDATES

A candidate who sits for the examination and does not receive a passing score is not eligible for any refund nor for any credit on any later NCC exam.

EXAM CATEGORY CHANGES

You can only request an exam category change by completing a **Change Request Form** on the NCC website and submitting with non-refundable payment of \$125. **Candidates are only allowed one change option** (e.g. if you reschedule your exam date, you will not be able to change your exam category). All change requests must be approved by NCC. **There will be no refund of original or Change Request fees.** Eligibility must be re-established for the new exam category, and additional documentation and fees may be required. The time to consider eligibility for the new category will count toward the original 90-day window assigned to take the examination. Examinees must take the exam for which they have been determined eligible. No changes will be permitted on examination day. If a candidate knowingly or unknowingly takes an examination other than the one she/he was found eligible to take, the examination will not be scored. No refunds will be allowed, and all fee policies will apply if the candidate reapplies for an examination.

RETEST POLICY

You may retake the examination if you do not pass. You must reapply, submit all applicable fees and documentation, and re-establish eligibility according to the appropriate deadlines. There is no limit to the number of times you may retake the examination. **However, the maximum number of times a candidate can take the same NCC test in a calendar year is two.**

All retest candidates must wait 90 days from the date their exam was scored before they can submit a new application to retest.

- this date is provided in the candidate's results notification
- this 90-day wait period affects all modes of testing

All submission deadlines for application for paper and pencil testing must be met. No accommodation will be given to those who are retesting via paper and pencil mode if they cannot meet the application deadline because of the 90-day wait rule.

AMERICANS WITH DISABILITIES ACT

Special testing accommodations will be provided pursuant to the Americans with Disabilities Act. Download the special accommodations request form from the website. The request must be signed by a clinician, physician, or another qualified specialist with training and experience appropriate to diagnose and treat the specified disability. The completed form must be submitted with your online certification application.

FEES & GENERAL POLICIES

REVIEW COURSES AND MATERIALS

NCC does not offer or sponsor review courses or review materials for its certification examinations. Examination candidates should view any course of study as being independent of NCC. You should carefully examine the merits of any individual exam preparation offering before you participate.

**POLICIES ARE SUBJECT
TO CHANGE
WITHOUT NOTICE.**

GENERAL POLICIES (CONTINUED)

TEST DISCLOSURE

NCC does not make test questions available for review. Because test questions may be used for more than one examination administration, distributing this information would compromise the security of the test questions and would increase the cost of certification if the questions had to be replaced each year.

APPEALS PROCEDURE

Any request to waive any policy of the NCC Board of Directors relative to eligibility, administration, examination content issues, or certification maintenance must be received in writing within 60 days of the dispute. All requests should be sent to the attention of the NCC President at nccpresident@nccnet.org. The correspondence should contain a detailed account as to why the NCC policy should be waived or the candidate's status should be changed. Such requests are referred to the NCC Policy Review Committee of the Board of Directors. All decisions will be provided in writing. Cases not resolved by the Policy Review Committee will be referred to the full Board of Directors.

NONDISCRIMINATION

It is the policy of NCC that no individual will be excluded from the examinations as a result of age, sex, race, religion, national origin, ethnicity, disability, marital status, sexual orientation, military status or gender identity.

REVOCAION

Your certification may be revoked for falsifying any information submitted to determine eligibility to take the certification examination or for maintaining certification, for losing your license to practice, or for failing to pay designated certification or maintenance fees.

ANSWER SHEET REVIEW OF PAPER AND PENCIL EXAMINATIONS

All answer sheets are scored electronically. If you believe there might be a discrepancy in your results, you may request a Hand Score (a review of your answer sheet) for a fee of \$55. This request must be submitted online at the NCC website within 60 days of the exam date. The "Submit Hand Scoring Request" link can be found in your account under "failed certification". You will be notified of the results by email.

RETENTION OF ANSWER SHEETS AND EXAMINATION BOOKLETS

All answer sheets are kept for one year from the date of the examination. Examination booklets used by the candidates are kept for six months from the date of the examination. Computer answer strings are kept for at least one year from the date of the examination.

ABOUT THE EXAM

ABOUT THE EXAM

TIMED EXAMINATION

Two (2) hours are allotted to complete the examination.

EXAM FORMAT

The Obstetric and Neonatal Quality and Safety examination consists of up to 125 test questions. 100 are scored and the remainder are embedded in the exam as pretest items. The pretest items do not count toward the examinee's final results.

- There is one question format used for all NCC examinations.
- Each question has a premise (stem) and three alternative answers.
- The answer options are alphabetized by the first word in each answer option to randomize the answers.
- Computer tests are delivered in a different random order for each candidate.
- Questions will test both basic knowledge and application of knowledge.
- Questions that contain laboratory data will show results in conventional units of measure with international units in parentheses.
- Drugs are listed in both generic and trade names where appropriate.

EXAMINATION CONTENT DEVELOPMENT

The development of NCC certification involves many individuals and involves a meticulous process of review. There are three major groups that contribute to the test development process:

ITEM WRITERS:

MDs, RNCs, APRNs, Respiratory Therapists and others identified with special expertise have the responsibility of drafting test items per designated assignment for review by the content team and expert reviewers. Item writers are solicited from the NCC certified population, by recommendations or through the volunteer portal.

REVIEWERS:

Reviewers are MDs, RNCs, APRNs, Respiratory Therapists or other designated experts who assist the content teams in review of test items developed by the item writers. Reviewers are responsible for reviewing items for content relevance and confirming that references cited for the questions support the items as written.

CONTENT TEAMS:

Content team members are experienced practitioners and are appointed on an annual basis by the NCC President. Content teams are solicited from the NCC certified population, by recommendations or through the volunteer portal. To see the current membership composition of the Content Team responsible for Obstetric and Neonatal Quality and Safety examination, please visit the NCC website under the section on NCC Leadership.

Content team members are MDs, RNCs, APRNs, Respiratory Therapists or other identified experts who:

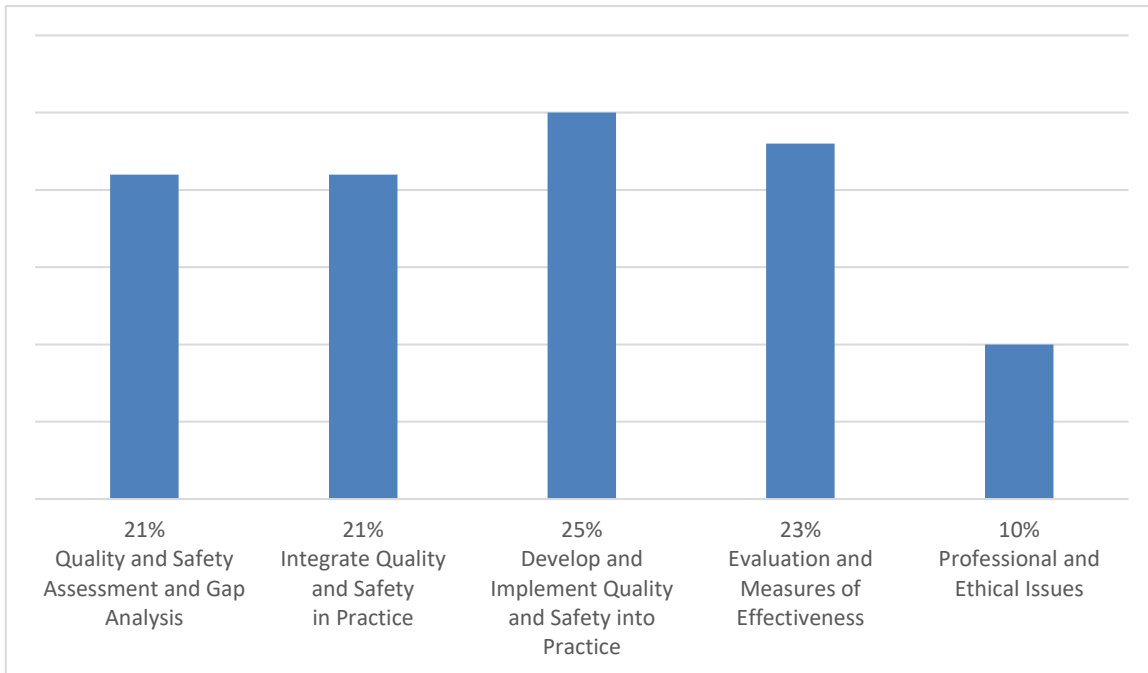
- develop and update the test outline and competency statements
- review test items developed by item writers
- review item statistics from exam administrations and pretest examinations
- approve the exam forms to be administered
- review item banks

In addition, NCC uses volunteers for standard setting and content validation studies.

EXAMINATION CONTENT



Obstetric and Neonatal Quality and Safety



The chart shows the percentage distribution of questions on the Obstetric and Neonatal Quality and Safety exam across the major content categories covered on the examination.

EXAMINATION CONTENT

EXAM OUTLINE

Areas of knowledge to be tested on the Obstetric and Neonatal Quality and Safety examination are listed in the following outline. This list is not intended as an all-inclusive review. It is provided only to help candidates evaluate their own practice.

Percentages identified for the topic areas represent the number of test questions assigned to each content area. These percentages do not necessarily reflect the content of future examinations.

- 10.00 Quality and Safety Assessment and Gap Analysis (21%)

 - Methods to assess organization, institutional and environmental culture and patient experience
 - National Quality and Safety standards and clinical guidelines
 - Quality and Safety metrics to identify state of performance, gaps and opportunities
- 11.00 Integrate Quality and Safety in Practice (21%)

 - Quality and Safety aims, tools, checklists and communication strategies
 - Team function, leadership, empowerment
 - Training exercises, learning principles, mock codes and simulation
 - Advocating for ongoing resources, risk assessment
 - Inform and disseminate outcome data, benchmarking and transparency
- 12.00 Develop and Implement Quality and Safety into Practice (25%)

 - Selecting and monitoring key quality metrics
 - Identify population, measures and data collection
 - Integration into workflow, error prevention strategies and auditing
- 13.00 Evaluation and Measures of Effectiveness (23%)

 - Tools of evaluation (Fishbone, flow chart, run chart, control charts)
 - Evaluate the balance between quality, outcomes and cost
 - Strategies for sustainment and positive change
- 14.00 Professional and Ethical Issues (10%)

 - Adverse events, disclosure, transparency, patient trust and mitigation
 - Professionalism and ethical principles

EXAMINATION CONTENT

ASSOCIATED COMPETENCIES

- Systematically assess the organization, institutional and environmental culture, patient experience and outcomes, leadership and teamwork by using a variety of methods (e.g., surveys, direct observation and/or environmental scans, adverse events, system errors, and near misses) to identify gaps in quality and safety.
- Maintain current knowledge of national quality and safety standards and clinical guidelines from regulatory, accreditation, and specialty organizations, to promote ongoing change in practice to meet quality and safety indicators.
- Evaluate quality and safety metrics by analyzing baseline and ongoing data to determine current state of performance, identify gaps, and identify opportunities for improvement.
- Incorporate quality and safety aims, tools, checklists and communication strategies into evidence-based projects to improve obstetric and neonatal care.
- Foster team function by integrating leadership and teamwork skills that empower members of the clinical team and improve communication to achieve a climate of safety.
- Educate and train obstetric and/or neonatal teams on quality and safety practices by conducting and debriefing team training exercises and implementing education using effective learning principles to improve task knowledge and optimize team functioning (e.g. mock codes, simulations).
- Advocate for ongoing resource needs by serving as a liaison for quality and safety matters between clinicians and administrators (e.g., participating in meetings, serving on committees and through risk assessment activities) to improve care and outcomes.
- Inform patients, colleagues, employers and the public about quality and safety initiatives/outcomes by disseminating outcome data, participating in benchmarking and publishing reports to maintain transparency.
- Select and monitor key quality metrics that assess a balanced set of quality and safety domains indicative of organizational culture and benchmarking.
- Apply recognized methods to design quality and safety initiatives in collaboration with necessary stakeholders to identify the target population, measures (e.g., structure, process, outcomes) and data collection approaches to address identified opportunities.
- Integrate quality and safety practices into daily clinical workflow by using error prevention strategies, appropriate technology, and principles of high reliability to guide practice and improve outcomes.
- Evaluate the implementation of quality improvement initiatives using relevant tools (e.g., fishbone, flow chart, run charts and control charts) to measure effectiveness of processes and outcomes.
- Articulate the value of specific obstetric and neonatal quality initiatives by evaluating the balance between quality, outcome and cost, including the perspectives of all stakeholders (e.g., healthcare team, patients, and families).
- Identify strategies of moving quality improvement initiatives into sustainment in order to maintain positive change in an overall obstetric and neonatal quality and safety program.

STUDY GUIDE

QUALITY AND SAFETY ASSESSMENT AND GAP ANALYSIS

I. Methods to assess organization, institutional and environmental culture and patient experience

- Healthcare quality improvement goals
 - Domains of quality
 - Timeliness
 - Effectiveness
 - Patient centered
 - Efficiency
 - Safety
 - Equitability
 - Dimensions of quality (Donabedian)
 - Structure
 - Process
 - Outcome
 - System goals
 - Population health
 - Patient experience
 - Healthcare
- Adverse events and event reporting
 - Monitoring and procedure surveillance
 - Incident/safety reports
 - Near misses
 - Root cause analysis
 - Mortality and morbidity
 - Methods of event reporting
 - Video
 - Direct observation
 - Auditing
 - Patient reported events
- Institutional processes and priorities
 - Regulatory
 - Certifications
 - Accreditation
 - Peer-review
- Assessment strategies
 - Defining population
 - Assembling teams
 - Reviewing literature
 - Identifying measures
 - Assessing patient/family perspective
- Assess and improve organizational culture
 - Culture
 - Just culture

II. National Quality and Safety Standards and Clinical Guidelines

- Awareness of legal/statutory and national quality and safety standards and clinical practice guidelines in obstetrical and neonatal care
 - Perinatal core measures
 - GBS guidelines
 - Guidelines to prevent hospital associated infections
 - Guidelines for perinatal care current edition
 - AWOHNN guidelines Maternal health

III. Quality and Safety metrics to identify state of performance, gaps and opportunities

- General quality and safety principles and terminology
 - Quality assurance versus quality improvement
 - Quality versus safety
 - Metrics
 - outcome
 - process
 - structure
 - access
 - Risk adjustment
 - Benchmarking
 - Gap analysis
 - Participation and shared decision making
 - Systems thinking
- Methodologies of data display
- How to implement and evaluate data collection strategies
 - Process tools
 - Huddle tools
 - Trigger tools
 - Chart review

STUDY GUIDE

INTEGRATE QUALITY AND SAFETY IN PRACTICE

I. Quality and Safety aims, tools, checklists and communication strategies

- Human psychology and cognition
 - Situational awareness
 - Violations of process/protocols
 - Risk taking
 - Fear of repercussions
 - Cognitive biases
 - Attention and distractions
 - Stress
 - Burn out and fatigue
- Safety climate
 - Briefings
 - Family involvement councils
 - Committees
- Collaborations and effective communication strategies
 - Standardized communication
 - Handoffs
 - SBAR
 - I-PASS
 - Debriefing
 - Care transitions

II. Team function, leadership, empowerment

- Leadership skills
 - Self-awareness/management
 - Mentoring
 - Sustainability
 - Succession and transition planning
 - Communication and conflict management
 - Change management
- Principles and concepts of teams
 - Team development
 - Structures and function
 - Diversity and inclusivity
 - Collaboration
 - Mutual respect
 - Information diffusion
 - Team meetings
 - Code of conduct

III. Training exercises, learning principles, mock codes and simulation

- Effective learning/teaching principles
 - Adult learning principles
 - Generational learning styles
 - Remote or distance learning methodologies
 - Interprofessional
- Use and principles of simulation
 - Unit drills
 - Simulated care processes

IV. Advocating for ongoing resources, risk management

- Methods for determining human resource needs
 - Hours per patient day
 - Work hours per unit of service
 - Work hours per birth
 - Clinician to patient ratio
 - Standards for staffing
- Human factors that impact the work environment
 - EMR
 - Medical devices
 - Alarm fatigue
 - Distractions
 - Interruptions
 - Overcrowding
 - Noise
 - Ergonomics of procedures
 - Patient census acuity
 - Staffing
 - Fatigue
 - Work arounds
 - Design of systems and processes
- Relevant aspects of structural design standards
 - Layout and design
 - Resource placement
 - Lighting
 - Signage and way finding

STUDY GUIDE

INTEGRATE QUALITY AND SAFETY IN PRACTICE *(CONTINUED)*

V. Inform and disseminate outcome data, benchmarking and transparency

- Various methods for educating and disseminating QNS data to various stakeholders
 - Annual reports
 - Presentations
 - Publications
 - Public reporting
 - Websites
 - Social/other medias
- Share data on key quality indicators with colleagues/organizations to improve
 - Education campaigns
 - Peer
 - Benchmarking/accountability

STUDY GUIDE

DEVELOP AND IMPLEMENT QUALITY AND SAFETY INTO PRACTICE

I. Selecting and monitoring key quality metrics

- Prioritize opportunities for improvement
 - Relative importance to different stakeholders
 - Patient, family, provider, facility, healthcare, system, payor
- Develop goal statements
 - Specific
 - Measurable
 - Achievable
 - Relevant
 - timebound
- Types of metrics
 - Outcome
 - Process
 - Structure
 - Access
 - Patient experience
 - Patient satisfaction
- Balancing measures and metrics
 - Unintended consequences of metrics
 - Balancing measure to mitigate unintended consequences
 - Outcome, process and structure measures
- Familiarity with common methods for quality and safety improvement initiatives
 - Models for improvement
 - PDSA/PDCA
 - Improve
 - Six sigma
 - Lean

II. Identify population, measures and data collection

- Project team formation and dynamics
 - Identification of stakeholders
 - Identification of champions
 - Influencer model
 - Patient/family perspective
- Appraise and prioritize literature relevant to project
 - Randomized trials
 - Meta-analysis
 - Expert opinion
 - Observational studies
 - Consensus documents

- Improvement process
 - Selection of interventions
 - Planning implementation
- Tracking of improvements
 - Data definitions
 - Data collection
 - Data quality assurance
 - Graphs and tables
 - Analysis
 - Interpretation

III. Integration into workflow, error prevention strategies and auditing

- Errors and Risk reduction strategies and use of cognitive aids
 - Bundles
 - Checklists
 - Flow sheets
 - Timeouts
 - Guidelines
 - Structured communication
 - Patient identification
 - Barcodes
 - E-prescribing
 - Computerized physician order entry
 - Medication administration processes
 - Human milk handling processes
 - Blood product administration processes
 - Food and nutrition safety
- Errors and Risk reduction strategies and use of cognitive aids
 - Feedback
 - Surveillance

STUDY GUIDE

EVALUATION AND MEASURES OF EFFECTIVENESS

I. Tools of evaluation (Fishbone, flow chart, run chart, control charts)

- Evaluation of outcomes and performance improvement
 - Run charts
 - Control charts
 - Dashboards
 - Interpret data
- Role of technology in quality improvements
 - Data standardization and retrieval
 - Standardization of EMR

II. Evaluate the balance between quality, outcomes and cost

- Understanding the interplay between costs, quality and value from the perspective of various stakeholders
 - Monetary
 - Non-monetary
 - Patient and family experience
 - Value equals quality divided by cost
- Identification of waste
 - Duplication
 - Tools to identify waste
 - Wait times

III. Strategies for sustainment and positive change

- Recognition of threats to implementation and sustainability
 - Fatigue
 - Project fatigue
 - Backsliding
 - Knowledge exclusivity
 - Large scale implementation without testing
 - Research models
 - Knowledge degradation
 - Lack of upper level support/commitment
 - Lack of team integrity
 - Lack of personnel
 - Competing priorities
 - Disruptive behavior
 - Hierarchical professional behaviors
- Steps in project sustainability
 - Communication
 - Reporting
 - Ongoing ownership
 - Celebration of success
 - Modification of data collection and review

STUDY GUIDE

PROFESSIONAL AND ETHICAL ISSUES

I. Adverse events, disclosures, transparency, patient trust and risk mitigation

- Elements of effective disclosure
 - Mandatory versus voluntary disclosure
 - Disclosure of errors and near misses
 - Explanation as to why error occurred
 - How effects will be minimized
 - Steps to prevent recurrences
 - Apology
 - Acknowledgement of responsibility
- Distinguishing different types of error including system error, blameless human error (inadvertent), and accountable human error (at risk, reckless, intentional harm)
 - Differentiating human error from system error
 - Differentiate between human error, at risk behavior, and reckless behavior
- Understanding and mitigating psychological harm experience by the patient and second victims
 - Second victims
 - Debriefing
 - Communication strategies
 - Counseling, employee assistance
 - Support groups
 - Emotional support

II. Professional and ethical issues

- Ethical principles as they apply to patients, families, providers and organizations
 - Patient/family access
 - Fairness, truthfulness, justice, beneficence, nonmaleficence, autonomy
- Awareness of differences between quality improvement projects and research
 - Human subject protections
 - IRB or local approval mechanism
 - Compare research to quality improvement

STUDY GUIDE

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- Bailit & Gregory, et al., Society for Maternal-Fetal Medicine Quality and Safety Health Policy Committees, AM J Obstet., 2016
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- Birnback & Salas, Patient Safety and Team Training, Elsevier, 2020
- Bissinger, et al., Golden Hours, NCC, 2019
- Chestnut, et al., Chestnut's Obstetric Anesthesia, Elsevier, 2020
- Creasy, et al., Maternal-Fetal Medicine, Elsevier, 2019
- Fischer & Stewart, Quality Improvement and Safety in the Neonatal Intensive Care Unit, NeoReview, 2017
- Fondahn, et al., The Washington Manual of Patient Safety and Quality Improvement, Wolters Kluwer, 2016
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- Ivester, et al., Quality and Safety in Women's Health, Cambridge Medicine, 2018
- Kelly, et al., Introduction to Quality and Safety Education for Nurses, Springer, 2018
- King, Cecil, Clinical Ethics: Patient and Provider Safety, AORN Journal, 2017
- LoBiondo-Wood, et al., Evidence-Based Practice for Nursing and Healthcare Quality Improvement, Elsevier, 2019
- Pettker & Grobman, Obstetric Quality and Safety, Obstet Gynecol, 2015
- The Joint Commission, New Perinatal Care Performance Measure, 2018
- Wachter, RM., Understanding Patient Safety, McGraw Hill, 2018

SAMPLE QUESTIONS

OBSTETRIC AND NEONATAL QUALITY AND SAFETY SAMPLE QUESTIONS

Listed below are five sample questions to acquaint you with the test question format. These questions do not reflect the scope or the difficulty level of the questions on the actual examination. The reference from which each question is derived is also cited. However, other references might substantiate a different answer, and the answer shown here might be substantiated by other references.

The rigorous review to which actual test questions are subject is not applied to these sample questions. The focus that should be attended to in reviewing these items is format, not content.

1. A patient safety event that results in death, permanent harm or severe temporary harm is a

- A. sentinel event
- B. system event
- C. trigger event

Answer: A

Creasy. Creasy & Resnik's Maternal-Fetal Medicine: Principles and Practice, 8th ed., Elsevier, 2019, p. 842.

2. In the acronym CUS, the S stands for

- A. safety
- B. situation
- C. stop

Answer: A

https://www.aha.org/system/files/2018-01/2015_teamstepps_FINAL.pdf

3. A hospital is doing a project to reduce maternal postpartum length of stay. The team finds that length of stay is decreasing and patient satisfaction scores are also dropping. In this scenario, patient satisfaction score is a:

- A. balancing metric
- B. process metric
- C. Structure metric

Answer: A

Bailit et al, Society for Maternal-Fetal Medicine (SMFM) Special Report: Current approaches to measuring quality of care in obstetrics, *Am J Obstet Gynecol* Sept 2016 page B11.

4. After a code in the neonatal ICU, team members should discuss what went well and what could be improved. This is an example of a

- A. debriefing
- B. huddle
- C. time out

Answer: A

Kelly, et al., Introduction to Quality and Safety Education for Nurses, Springer, 2018, p.224.

5. A neonatal ICU quality improvement team has the goal of increasing skin-to-skin care in the first week of life. They decide to put a poster on the unit to display the progress of the project. What type of chart would be most appropriate for this?

- A. Fishbone diagram
- B. Pareto chart
- C. Run chart

Answer: C

Baillie and Maxwell, Improving Healthcare: A Handbook for Practitioners, Routledge, 2017, p. 94-100.

SCORING & TEST REPORT

HOW EXAMS ARE SCORED

INTRODUCTORY PHASE

EXAM SCORING

Whenever a new certification is offered, all questions used on its exam(s) have no history by virtue of the fact the exam(s) has never been given before. To make valid and psychometric sound judgements on pass/fail determinations, NCC needs to gather and analyze the vital statistical information on item and total examination performance from the responses of actual test takers. Until this information is finalized, candidate pass/fail status cannot be reported.

All information is held until all candidates who registered during the Phase I introductory period have tested. After statistical analysis and review are completed, results will be mailed to all those who took the test during this introductory phase. This is expected to occur in November 2020. Pass/Fail Results will also be posted to your online accounts. You will be sent updates on the expected release dates for the pass/fail results.

Those in Phase II second introductory examination period can begin testing on November 1, 2020. The exam results will be held until there are enough candidates who have tested to statistically analyze the examination to insure both difficulty of the form and pass/fail are in line with the first form of the exam.

NCC examinations are criterion-referenced. This means the passing score is based on a predetermined criterion. This criterion is a statistical ability level established by the Content Team based on evaluation of criticality of content and the test questions' past statistical performance. Questions used to determine pass/fail have proven statistical history that demonstrates the question is appropriate for use to measure an individual's ability level.

There is no set percentage passing level. **An ability level for each candidate is calculated based on the number of questions they answer correctly (there is no penalty for wrong answers).** Pass/fail is determined based on this ability level as compared to pass/fail standard which is a predetermined ability criterion. When different forms of the examination are used, a process called equating is initiated. This procedure converts all results to a common scale. So, someone who takes a slightly more difficult form of the exam will need to answer fewer questions correctly than someone who takes a slightly easier form of the exam.

NCC utilizes the item response theory of psychometrics for the analysis of its examinations. Item response theory (Rasch analysis) is the study of test and item scores based on assumptions concerning the mathematical relationship between abilities and item responses. This is a commonly used system, and such examinations as the NCLEX and other health related certification examinations utilize this type of psychometric analysis.

Test reports identify pass/fail status, and they give feedback on the various content areas of the examination in the form of word descriptors: very weak, weak, average, strong and very strong. No percentages or standard scores are given. These descriptors are based on the items within a given subtest. The overall pass/fail decisions are based on the full test, and the verbal descriptors are intended to provide suggested feedback on strengths and weaknesses in various content areas. Since this feedback is based on relatively few items, general verbal descriptions are given instead of subtest scores. These word descriptors are for information only, and they should be interpreted cautiously due to the small number of items included in each content area.

SCORING & TEST REPORT

SAMPLE TEST REPORT

Whether you take the computer or paper and pencil version of the examination, you will receive an official test results report from NCC. Shown below is a sample test result report for a candidate who has passed the examination.

OBSTETRIC AND NEONATAL QUALITY AND SAFETY EXAMINATION

Test Results

NAME

DATE

ADDRESS

Pass/Fail: PASS

EXAM CONTENT REPORT

The following provides information regarding your performance on the different content areas tested on the examination.

Test reports identify pass/fail status, and they give feedback on the various content areas of the examination in the form of word descriptors: Very weak, weak, average, strong and very strong. No percentages or standard scores are given. These descriptors are based on the items within a given subtest. The overall pass/fail decisions are based on the full test, and the verbal descriptors are intended to provide suggested feedback on strengths and weaknesses in various content areas. Since this feedback is based on relatively few items, general verbal descriptions are given instead of subtest scores. These word descriptors are for information only, and they should be interpreted cautiously due to the small number of items included in each content area.

Content Area & Percentage

Your Results:

Range of Questions Asked:

Quality and Safety Assessment and Gap Analysis,
and Professional/Ethical Issues
(31%)

VERY STRONG

Integrate Quality and Safety in Practice
(21%)

WEAK

Develop and Implement Quality and Safety into Practice
(25%)

AVERAGE

Evaluation and Measures of Effectiveness
(23%)

STRONG

TERMS OF CERTIFICATION AND CERTIFICATION MAINTENANCE

WHEN YOU PASS THE EXAM

CREDENTIAL

Your NCC certification status entitles you to use the credential C- ONQS (Certified – Obstetric and Neonatal Quality and Safety).

TERMS OF CERTIFICATION

NCC certification is awarded for a period of three years.

The effective date for certification is the date on the official NCC letter that tells you that you have successfully completed the certification process.

**NO CONTINUING
EDUCATION IS ISSUED FOR
TAKING THE
OBSTETRIC AND NEONATAL
QUALITY AND SAFETY
EXAM.**

MAINTAINING YOUR CERTIFICATION

- NCC certification must be maintained every three years.
- Certification that is not maintained will expire
- The NCC certification maintenance program allows you to continue your certification status by obtaining 15 hours of continuing education credit
- For continuing education credit to be used for certification maintenance it must be earned between the date of your notification of certification and the date your maintenance is due.
- The maintenance process includes submitting a maintenance application prior to your maintenance due date with appropriate fees and requested documentation. All CE must be in Obstetric and Neonatal Quality and Safety. Using NCC CE modules does NOT automatically maintain your certification. You must submit a maintenance application and pay a maintenance fee in addition to any CE fees.
- Maintenance applications are subject to random audit. If you are chosen for audit, you will be required to upload CE certificates and course descriptions. These records should be maintained during each maintenance cycle, until your maintenance application has been approved. You can upload these documents in your maintenance application throughout your maintenance cycle.

You may apply for maintenance up to 1 year before your maintenance date. As long as you have obtained the required contact hours of continuing education credit—***you do not need to wait until your maintenance deadline to apply.*** Maintenance will be due in the quarter in which you were notified of your certification (*not the date on which you took the examination*). Your maintenance due date can be found by signing into your NCC account. Sign into your account using your email and password.

The NCC website has more detailed information

For more information about the certification maintenance program, click the purple "Maintain your Certification" box.