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A National Role Delineation Study of the Addictions Nurse

Executive Summary

June 2012

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

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

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

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

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

A total of 1,027 survey invitations containing a link to the online job task analysis study were e-mailed to addictions nurse practitioners. After adjusting for undeliverable addresses (n=97) and opt outs (n=6), it was determined that approximately 31% of the sample responded (n=924). Among 924 respondents, 221 respondents identified themselves as practicing in addictions nursing, with 158 at the RN level. Respondents used all rating scales with an acceptable level of reliability.

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

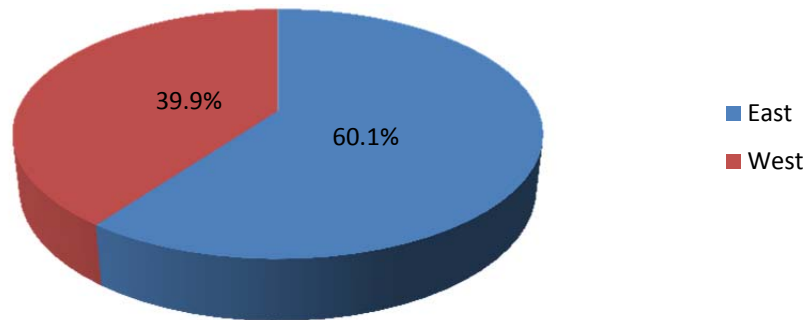


Figure 1. In which state do you work? (Recoded into regions)

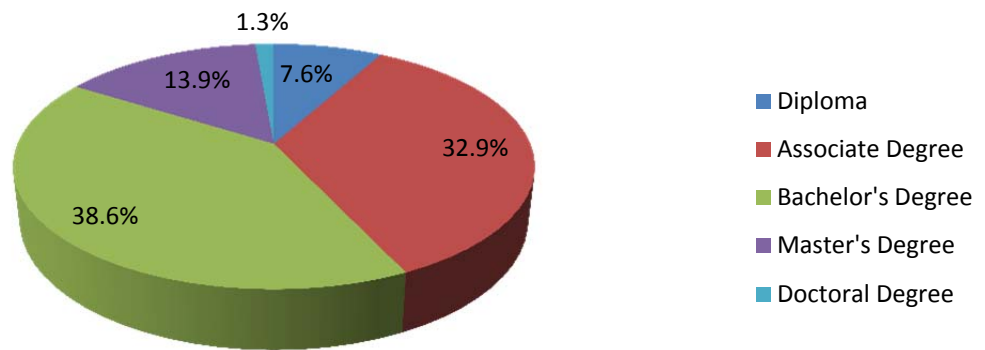


Figure 2. What is the highest educational level in nursing you have completed?

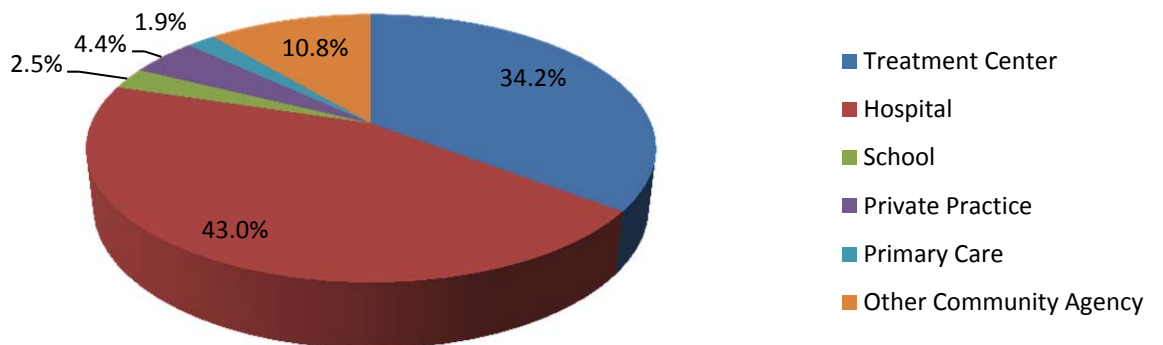



Figure 3. Which of the following best describes the type of facility in which you primarily work?


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


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


The final count of tasks and knowledge statements for the addictions nurse, after all deletions and additions, was 126 and 44 respectively. It was determined that a total of 120 multiple-choice items would be sufficient to assess these topics and tasks. The number of items specified for each content category was determined by the RDAC based upon consideration of the breadth and depth of content, using the survey respondents' judgments regarding the percentage of a CARN® examination that should be included in each area. Finally, the RDAC evaluated the cognitive complexity that would likely be associated with the categories on the content outline, and determined that 27 items should require recall on the part of the candidate, 73 should require application of knowledge, and 20 should require analysis of a addictions patient situation. The final Detailed Content Outline, along with associated tasks, is shown on the pages that follow.


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 CARN® Content Outline	# of Items
1. Assessment	28
<p><i>A. Basic assessment considerations</i></p> <ol style="list-style-type: none"> 1. Base assessment techniques on theory, research and best practices 2. Assess the effect of interactions among individuals, family, community, and social systems on health and illness 3. Record patients' health and psychosocial histories 4. Record comprehensive drug and alcohol use history 5. Record physical assessment results, diagnoses, treatment plans, prescriptions, or outcomes 6. Explore relationship of substance use to the functioning of the family 7. Identify personal risk and protective factors for the patient 8. Identify family risk and protective factors for the patient 9. Identify cultural risk and protective factors for the patient 10. Identify environmental risk and protective factors for the patient 11. Identify risk and protective factors related to spirituality for the patient 12. Identify the adverse consequences (e.g., legal, relationship, occupational, physical) of alcohol and drug use for the patient 13. Validate information with patient, other healthcare professionals and/or significant others <p><i>B. Observe, interview, and assess patients to identify care needs</i></p> <ol style="list-style-type: none"> 1. Assess degree of risk for alcohol or drug misuse 2. Assess degree of risk for relapse 3. Assess degree of intoxication for alcohol use by visualization or field sobriety testing methods 4. Assess degree of intoxication for drugs of abuse 5. Assess stage of withdrawal for alcohol use 6. Assess stage of withdrawal for drugs of abuse 7. Assess factors that affect pain management in the patient with addiction 8. Identify behavioral effects of alcohol use 9. Identify behavioral effects of drug use 10. Recognize early signs and symptoms of alcohol abuse 11. Recognize early signs and symptoms of drug abuse 12. Recognize acute/chronic effects of alcohol use 13. Recognize acute/chronic effects of drug use 14. Recognize acute/chronic effects of nicotine 15. Identify behavioral effects of impulse control disorders 16. Identify associated behaviors of eating disorders 17. Assess patient's readiness for behavioral change 18. Assess patient's health literacy 	

 ANCB Addictions Nursing Certification Board CARN® Content Outline		# of Items
<p><i>C. Initiate and interpret diagnostic tests and procedures relevant to the patient's current status</i></p> <ol style="list-style-type: none"> 1. Evaluate physiological consequences of substance use 2. Utilize screening tools to assess alcohol use 3. Utilize screening tools to assess drug use 4. Differentiate symptoms related to psychiatric disorders from those related to substance abuse 5. Differentiate symptoms related to medical conditions from those related to substance abuse 6. Utilize standardized instruments for assessment and evaluation 	12	
2. Diagnosis	12	
<ol style="list-style-type: none"> A. <i>Base diagnoses on criteria consistent with accepted classifications</i> B. <i>Derive and prioritize nursing diagnoses from the assessment data using complex clinical reasoning</i> C. <i>Actual diagnosis</i> D. <i>Risk diagnosis</i> E. <i>Health promotion diagnosis</i> 	14	
3. Identifying Outcomes	14	
<ol style="list-style-type: none"> A. <i>Identify expected outcomes that incorporate scientific evidence and are achievable through implementation of evidence-based practices</i> B. <i>Identify expected outcomes that incorporate cost and clinical effectiveness, patient satisfaction, and continuity and consistency among providers</i> C. <i>Modify plan of care based on changes in patient's healthcare status</i> D. <i>Account for the entire wellness-addictions continuum</i> E. <i>Differentiate outcomes that require care process interventions from those that require system-level interventions</i> F. <i>Identify assessment strategies, diagnostic strategies, and therapeutic interventions that reflect current evidence, including data, research, literature, and expert clinical knowledge</i> G. <i>Identify with consideration of the patient's age, ethnicity and socioeconomic and environmental circumstances</i> 	20	
4. Planning of Care	20	
<ol style="list-style-type: none"> A. <i>Collaborate with multidisciplinary team in developing treatment plan</i> B. <i>Tailor treatment plan to accommodate patients' health needs, beliefs, and practices</i> 		

 <p>CARN® Content Outline</p>	# of Items
<ul style="list-style-type: none"> C. <i>Include specific interventions with measurable treatment goals rooted in evidence-based practice</i> D. <i>Engage the patient and family in the development of the treatment plan</i> E. <i>Integrate gender differences in the development of the treatment plan</i> F. <i>Integrate ethnic differences in the development of the treatment plan</i> G. <i>Integrate cultural differences in the development of the treatment plan</i> H. <i>Present plan to patient in understandable terms</i> <ul style="list-style-type: none"> I. <i>Integrate patient's readiness for behavioral change in the development of the treatment plan</i> J. <i>Integrate identified risk and protective factors for the patient and family into the development of the treatment plan</i> K. <i>Integrate acute and chronic pain management in the treatment plan</i> 	
<p>5. Implementation of Care</p>	<p>36</p>
<ul style="list-style-type: none"> A. <i>Principles of nursing implementation</i> <ul style="list-style-type: none"> 1. Use systems, organizations, and community resources to implement the plan 2. Use continuous quality improvement principles to improve patient outcomes 3. Collaborate with nursing and other colleagues to implement the plan 4. Utilize best practices in implementation of the plan 5. Promote a safe environment for implementation of the plan 6. Use therapeutic communication skills to improve patient outcomes 7. Use patient-centered care principles to improve patient outcomes B. <i>Coordination of care</i> <ul style="list-style-type: none"> 1. Provide care with consideration of patient's needs and desired outcomes 2. Collaborate with healthcare team to monitor health conditions of patients 3. Lead the coordination of integrated patient care services C. <i>Health teaching and health promotion</i> <ul style="list-style-type: none"> 1. Advocate on behalf of the patient/family 2. Educate patients and family members about co-occurring mental health, physical health, and addiction disorders 3. Educate patients and family members about preventive health measures and self care 4. Educate patients and family members about expected effects and potential side effects of medications 5. Educate patients and family members about relapse prevention 6. Utilize motivational enhancement strategies to promote behavioral change 7. Utilize brief interventions to promote behavioral change 8. Utilize evidence-based literature to educate patient and family about the neurobiological basis of addictions 	

 <p>CARN® Content Outline</p>	# of Items
<ol style="list-style-type: none"> 9. Employ learning theory models when designing health information programs 10. Employ behavioral change theories when designing health information programs 11. Design health information and patient education appropriate to the patient's developmental level 12. Design health information and patient education appropriate to the patient's readiness to learn 13. Design health information and patient education appropriate to the patient's cultural values and beliefs 14. Evaluate health information resources (e.g., print materials, web sites) in the area of practice for accuracy, readability, and comprehensibility to help patients access quality health information 15. Provide anticipatory guidance to individuals, families, groups, and communities to promote health and prevent or reduce the risk of health problems <p><i>D. Provide evidence based education related to:</i></p> <ol style="list-style-type: none"> 1. Substance use disorders across life span 2. Alcohol use 3. Drug abuse 4. Nicotine use 5. Process addictions <p><i>E. Provide evidence based education about:</i></p> <ol style="list-style-type: none"> 1. The risks of alcohol use in pregnancy 2. The risks of nicotine use in pregnancy 3. The risks of drug use during pregnancy 4. The risks of eating disorders in pregnancy 5. Risky health behaviors 6. Proper nutrition 7. The importance of regular exercise 8. The biological consequences of substance use 9. The psychosocial consequences of substance use <p><i>F. Consultation</i></p> <ol style="list-style-type: none"> 1. Facilitate the effectiveness of a consultation by involving the patient and significant others in decision-making 2. Base consultation on mutual respect and defined role responsibility <p><i>G. Treatment</i></p> <ol style="list-style-type: none"> 1. Ensure safe detox 2. Offer emotional support to patient 3. Provide specialized direct and indirect care to inpatients and outpatients 4. Offer counseling regarding changes in behavior and thinking 5. Offer one-to-one counseling for the patient and family 	

 ANCB <small>Addictions Nursing Certification Board</small> CARN® Content Outline		# of Items
<ul style="list-style-type: none"> 6. Establish boundaries in treatment with patients 7. Administer medication for management of alcohol withdrawal symptoms 8. Administer medication for management of drug withdrawal symptoms 9. Administer medications to reduce cravings from alcohol 10. Monitor patient's response to medications for management of alcohol withdrawal symptoms 11. Monitor patient's response to medications for management of drug withdrawal symptoms 12. Monitor patient's response to medications to reduce cravings from alcohol 13. Initiate treatment based on vital signs and/or laboratory results for patients with substance use disorders 14. Manage symptoms of concurrent psychiatric disorders in patients with substance use disorders 15. Follow evidence-based protocols to treat patients with addictions 16. Evaluate therapeutic and potential adverse effects of pharmacological treatments 17. Evaluate therapeutic and potential adverse effects of non-pharmacological treatments <p><i>H. Psychotherapy and complementary therapy</i></p> <ul style="list-style-type: none"> 1. Base therapeutic modalities on needs of the patient 2. Base therapeutic modalities on current theory, research and best practices 3. Utilize cognitive behavioral strategies to improve patient outcomes <p><i>I. Referral</i></p> <ul style="list-style-type: none"> 1. Ensure continuity of care when making referrals to other levels of care 2. Refer patients to specific care providers for additional care based upon patient needs with consideration for benefits and costs 3. Maintain confidential information in accordance with legal standards 	<p>10</p>	
6. Evaluation of Care	10	
<ul style="list-style-type: none"> <i>A. Evaluate patient's and family's response to interventions</i> <i>B. Revise diagnoses and plan of care as needed</i> <i>C. Ensure ongoing evaluation involving other care providers</i> 	<p>3</p>	
Totals	120	

Related Knowledge

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

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