

Agenda Item #7.



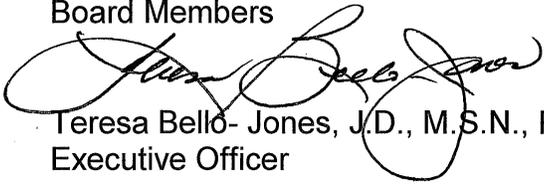
BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.

BOARD OF VOCATIONAL NURSING & PSYCHIATRIC TECHNICIANS
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DATE: February 5, 2015

TO: Board Members

FROM: 
Teresa Bello-Jones, J.D., M.S.N., R.N.
Executive Officer

SUBJECT: Occupational Analysis of the Psychiatric Technician Profession

Pursuant to Business and Professions Code section 139, the Board is required to periodically conduct an occupational analysis and examination validation studies for those professions it regulates. Such efforts ensure the licensure examination is job – related, legally defensible, and psychometrically sound. In so doing, the occupational analysis and validation studies ensure that the licensure examination accurately measures and ensures that eligible candidates possess the minimum level of competence required for entry into professional practice. Provided other requirements are met, such candidates may be issued licensure by the Board.

The Board contracted with the Department of Consumer Affairs' (DCA) Office of Professional Examination Services (OPES) to conduct an occupational analysis and validation study for the Psychiatric Technician Licensure Examination (PTLE). This office provides professional psychometric expertise in examination development and validation services to DCA's boards and bureaus. OPES completed the required research that is fundamental to assure that the PTLE accurately measures candidate competence for entry – level professional practice.

A report of that research is attached. Components of the examination outline are secure and not included in this public document, so as not to compromise the integrity and validity of the examination. If a Board member would like to review these segments, the item will be calendared for a future closed session of a Board meeting.

The report will be presented by Dr. Heidi Lincer Hill, Chief, OPES.

Recommendation:

Adopt the new Psychiatric Technician Licensure Examination Outline, based on the research study (*Occupational Analysis of the Psychiatric Technician Profession*) completed by the Department of Consumer Affairs' Office of Professional Examination Services.

Attachment A: Proposed Psychiatric Technician Examination Outline

Agenda Item #7., Attachment A



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PSYCHIATRIC TECHNICIAN LICENSURE EXAMINATION

EXAMINATION OUTLINE

SUBJECT MATTER PER CONTENT AREA

CONTENT AREA	WEIGHT*
I. Self Care. A. Bathing and Oral Hygiene Skills B. Grooming and Dressing Skills C. Self – Feeding Skills D. Toileting and Toileting Hygiene	7%
II. Basic Nursing Care. A. Infection Control B. Collection of Physical Data and Specimens C. Skin Integrity and Musculoskeletal Function and Support D. Diet and Nutritional Support E. Gastrointestinal, Genitourinary, and Reproductive Function and Support F. Respiratory Function and Support G. Neurological Function and Support H. Endocrinological Function and Support I. Cardiovascular Function and Support J. Emergency Care	27%
III. Administration of Care. A. Assignment, Delegation, and Supervision B. Environmental Safety C. Client Rights and Legal Commitments	15%
IV. Medications. A. Assessment and Evaluation B. Administration of Medications	19%
V. Psychosocial Assessment and Interventions. A. Assessment and Planning B. Intervention and Evaluation	21%
VI. Behavior Management. A. On – Going Management B. Crisis Intervention	11%
TOTAL	100%

*Weights per content areas were empirically determined based upon the results of the OPES Occupational Analysis of the Psychiatric Technician Profession.

**BOARD OF VOCATIONAL NURSING
AND
PSYCHIATRIC TECHNICIANS**

**Occupational Analysis
Of the
Psychiatric Technician Profession**

This report was written and produced by the staff of the Office of Professional Examination Services, California Department of Consumer Affairs.

Heidi Lincer – Hill, Ph.D., Chief
Sanja Durman Perez, Personnel Selection Consultant

December 2014

EXECUTIVE SUMMARY

The Board of Vocational Nursing and Psychiatric Technicians (BVNPT) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis to identify critical job activities performed by licensed Psychiatric Technicians in California. The purpose of the occupational analysis is to define practice for Psychiatric Technicians in terms of actual job tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this occupational analysis serve as the basis for the Psychiatric Technician licensing examination.

OPES test specialists began by researching the profession and conducting interviews with Psychiatric Technicians throughout California. The purpose of these interviews was to identify the tasks performed in the Psychiatric Technician practice and the knowledge required to perform those tasks in a safe and competent manner. An initial focus group of practitioners was held in March 2013 to review the results of the interviews and to identify changes and trends in Psychiatric Technician practice specific to California. A second focus group was held in April 2013 with additional Psychiatric Technician practitioners to review and refine the task and knowledge statements derived from the interviews and initial focus group. Practitioners in these focus groups also performed a preliminary linkage of the task and knowledge statements to ensure that all tasks had a related knowledge and all knowledge statements had a related task. New task and knowledge statements were created as a result of this process, and some statements were eliminated from the final list due to overlap and reconciliation.

Upon completion of the first two focus groups, OPES developed two questionnaires to be completed by Psychiatric Technicians statewide, the Task Survey questionnaire and the Knowledge Survey questionnaire. Development of the questionnaires included a pilot study which was conducted using a group of 20 licensees in July 2013. The participants' feedback was used to refine the questionnaires. The final questionnaires were prepared by OPES for administration in February 2014.

In the first part of the two questionnaires, licensees were asked to provide demographic information relating to their work settings and practice. In the second part, the licensees who received the Task Survey questionnaire were asked to rate specific job tasks in terms of frequency (i.e., how often the licensee performs the task in the licensee's current practice) and harm (i.e., how much harm could result to the client if the task was not performed or was performed incorrectly). The licensees who received the Knowledge Survey questionnaire were asked to rate specific knowledge statements in terms of how important that knowledge is to performance of their current practice.

BVNPT mailed notification letters to all Psychiatric Technicians with active licenses in California (total of 9,641) inviting them to complete either the Task Survey (4,946) or the Knowledge Survey (4,695) questionnaire online. The letter also provided an option for licensees to request a paper copy of the survey by calling BVNPT. BVNPT mailed a

follow-up postcard reminding the licensees to complete the survey two weeks after mailing the notification letter.

For the Task Survey, a total of 307 licensed Psychiatric Technicians (6 percent) responded by either logging in to the online survey (281) or returning a completed paper survey (26). The final sample size included in the data analysis was 211, or 4 percent of the population that was invited to complete the questionnaire. For the Knowledge Survey, a total of 377 licensed Psychiatric Technicians (8 percent) responded by either logging in to the online survey (332) or returning a completed paper survey (45). The final sample size included in the data analysis was 268, or 6 percent of the population that was invited to complete the questionnaire.

OPES then performed data analyses on the task and knowledge rating responses. OPES combined the task ratings to derive an overall criticality index for each task statement. The mean importance rating was used as the criticality index for each knowledge statement. Once the data had been analyzed, an additional focus group was conducted with Psychiatric Technician practitioners. The purpose of the focus group was to evaluate the criticality indices and determine whether any task or knowledge statements should be eliminated. Practitioners in the group also established the linkage between job tasks and knowledge statements, organized the task and knowledge statements into content areas, and defined those areas. Practitioners then evaluated and confirmed content area weights.

The new examination outline for the Psychiatric Technician Licensure Examination is structured into six content areas weighted by criticality relative to the other content areas. The examination outline specifies the job tasks and knowledge that a California-licensed Psychiatric Technician is expected to have mastered at the time of licensure. The examination outline also provides a description of practice for California-licensed Psychiatric Technicians. An overview of the final examination outline is provided on the next page.

OVERVIEW OF THE PSYCHIATRIC TECHNICIAN EXAMINATION OUTLINE

Content Area	Content Area Description	Percent Weight
1. Self-care	This area assesses the candidate's ability to assist the treatment team to develop, implement and evaluate treatment plans related to client's self-care skills.	7%
2. Basic Nursing Care	This area assesses the candidate's ability to identify the need for and perform routine and emergency nursing care, and administer treatments according to treatment plan and standard precautions.	27%
3. Administration of Care	This area assesses the candidate's ability to identify and meet the needs of the clients and staff within the therapeutic milieu in accordance with legal, ethical, and professional standards.	15%
4. Medications	This area assesses the candidate's ability to identify the need for and safely administer prescribed medications and treatments, including documentation and patient education, in accordance with legal requirements.	19%
5. Psychosocial Assessment and Interventions	This area assesses the candidate's ability to assist the treatment team to develop, implement, and evaluate treatment plans for individuals with mental disorders and intellectual impairments.	21%
6. Behavior Management	This area assesses the candidate's ability to perform behavioral management assessments and interventions to increase the client's adaptive and decrease maladaptive behavior in accordance with legal requirements and ethical standards.	11%
Total		100%

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CHAPTER 1. INTRODUCTION

PURPOSE OF THE OCCUPATIONAL ANALYSIS

The Board of Vocational Nursing and Psychiatric Technicians (BVNPT) requested that the Department of Consumer Affairs' Office of Professional Examination Services (OPES) conduct an occupational analysis to identify critical job activities performed by licensed Psychiatric Technicians. This occupational analysis was part of BVNPT's comprehensive review of Psychiatric Technician practice in California. The purpose of this occupational analysis was to define the practice of Psychiatric Technicians in California in terms of the actual tasks that new licensees must be able to perform safely and competently at the time of licensure. The results of this occupational analysis serve as the basis for the Psychiatric Technician licensing examination.

CONTENT VALIDATION STRATEGY

OPES used a content validation strategy to ensure that the occupational analysis reflected the actual tasks performed by Psychiatric Technicians in California. The technical expertise of California-licensed Psychiatric Technicians was used throughout the occupational analysis process to ensure the identified task and knowledge statements directly reflect requirements for performance in current practice.

UTILIZATION OF SUBJECT MATTER EXPERTS

BVNPT selected Psychiatric Technicians to participate as subject matter experts (SMEs) during various phases of the occupational analysis. These Psychiatric Technicians were selected from a broad range of practice settings, geographic locations, and experience backgrounds. The SMEs provided information about different aspects of the Psychiatric Technician profession during various phases of the occupational analysis process. The SMEs participated in initial interviews designed to identify the tasks performed on the job by new licensees and the knowledge required to perform those tasks safely and competently. The SMEs also provided technical expertise during several focus groups that were convened to evaluate and refine the content of task and knowledge statements, identify linkages between tasks and knowledge statements, organize task and knowledge information into meaningful content areas, evaluate results of the occupational analysis, and develop the examination outline.

ADHERENCE TO LEGAL STANDARDS AND GUIDELINES

Licensing, certification, and registration programs in the State of California adhere strictly to federal and State laws and regulations and professional guidelines and technical standards. For the purpose of occupational analysis, the following laws and guidelines are authoritative:

- California Business and Professions Code, Section 139.
- Uniform Guidelines on Employee Selection Procedures (1978), Code of Federal Regulations, Title 29, Section 1607.
- California Fair Employment and Housing Act, Government Code, Section 12944.
- *Principles for the Validation and Use of Personnel Selection Procedures* (2003), Society for Industrial and Organizational Psychology (SIOP).
- *Standards for Educational and Psychological Testing* (1999), American Educational Research Association, American Psychological Association, and National Council on Measurement in Education.

For a licensure program to meet these standards, it must be solidly based upon the job activities required for practice.

DESCRIPTION OF OCCUPATION

The Psychiatric Technician occupation is described in the California Business and Professions Code, Sections 4502, 4502.1, 4502.2, and 4502.3.

Section 4502: As used in this chapter, "psychiatric technician" means any person who, for compensation or personal profit, implements procedures and techniques which involve understanding of cause and effect and which are used in the care, treatment, and rehabilitation of mentally ill, emotionally disturbed, or mentally retarded persons and who has one or more of the following: (a) Direct responsibility for administering or implementing specific therapeutic procedures, techniques, treatments, or medications with the aim of enabling recipients or patients to make optimal use of their therapeutic regime, their social and personal resources, and their residential care.

(b) Direct responsibility for the application of interpersonal and technical skills in the observation and recognition of symptoms and reactions of recipients or patients, for the accurate recording of such symptoms and reactions, and for the carrying out of treatments and medications as prescribed by a licensed physician and surgeon or a psychiatrist.

The psychiatric technician in the performance of such procedures and techniques is responsible to the director of the service in which his duties are performed. The director

may be a licensed physician and surgeon, psychiatrist, psychologist, rehabilitation therapist, social worker, registered nurse, or other professional personnel. Nothing herein shall authorize a licensed psychiatric technician to practice medicine or surgery or to undertake the prevention, treatment or cure of disease, pain, injury, deformity, or mental or physical condition in violation of the law.

Section 4502.1:

A psychiatric technician, working in a mental health facility or developmental disability facility, when prescribed by a physician and surgeon, may administer medications by hypodermic injection.

Section 4502.2:

A psychiatric technician, when prescribed by a physician and surgeon, may withdraw blood from a patient with a mental illness or developmental disability if the psychiatric technician has received certification from the board that the psychiatric technician has completed a prescribed course of instruction approved by the board or has demonstrated competence to the satisfaction of the board.

Section 4502.3:

(a) A psychiatric technician, when prescribed by a physician and surgeon, may perform the following activities on a patient with a mental illness or developmental disability: (1) Tuberculin, coccidioidin, and histoplasmin skin tests, providing the administration is within the course of a tuberculosis control program. (2) Immunization techniques, providing the administration is upon the standing orders of a supervising physician and surgeon or pursuant to written guidelines adopted by a hospital or medical group with whom the supervising physician and surgeon is associated.

(b) In performing activities pursuant to subdivision (a), the psychiatric technician shall satisfactorily demonstrate competence in all of the following: (1) Administering the testing or immunization agents, including knowledge of all indications and contraindications for the administration of the agents. (2) Recognizing any emergency reactions to the agent that constitute a danger to the health or life of the patient. (3) Treating those emergency reactions by using procedures, medication, and equipment within the scope of practice of the psychiatric technician.

CHAPTER 2. OCCUPATIONAL ANALYSIS QUESTIONNAIRES

SUBJECT MATTER EXPERT INTERVIEWS

BVNPT provided OPES with a list of California-licensed Psychiatric Technicians to contact for on-site and telephone interviews. OPES staff conducted interviews with 11 licensed Psychiatric Technicians. During the semi-structured interviews, licensees were asked to identify all of the activities performed that are specific to the Psychiatric Technician profession. The interviews outlined major content areas of practice and the job tasks performed in each content area. The licensees were also asked to identify the knowledge necessary to perform each job task safely and competently.

TASK AND KNOWLEDGE STATEMENTS

OPES staff integrated the information gathered during the interviews and from prior studies of the profession and developed a preliminary list of task and knowledge statements. The statements were also organized into major content areas of practice.

In March and April 2013, OPES facilitated two focus groups of Psychiatric Technicians convened by BVNPT to evaluate the task and knowledge statements for technical accuracy, level of specificity, and comprehensiveness of coverage of the job domain, and to assign each statement to the appropriate content area. The groups also verified that the content areas were independent and non-overlapping. Additional task and knowledge statements were created as needed to complete the scope of the content areas.

QUESTIONNAIRE DEVELOPMENT

Following the two focus groups, OPES developed two occupational analysis surveys. The first occupational analysis survey, the Task Survey, contained a questionnaire soliciting the licensees' ratings of the job task statements. The surveyed Psychiatric Technicians were instructed to rate each job task in terms of how often they performed the task on the last day of work (Frequency Scale) and how much physical or emotional harm to the client might result if the task was performed incorrectly or not performed at all (Harm Scale). The online version of the Task Survey questionnaire can be found in Appendix G.

The second occupational analysis survey, the Knowledge Survey, contained a questionnaire soliciting the licensees' ratings of the knowledge statements. The surveyed Psychiatric Technicians were instructed to rate each knowledge statement in terms of how important the specific knowledge is for effective job performance relative to other knowledge needed to perform the job (Importance Scale). The online version of the Knowledge Survey questionnaire can be found in Appendix H.

Both the Task and Knowledge Survey questionnaires also included a demographic section for purposes of capturing the characteristics of the respondent sample. The demographic section was identical for both surveys and it was included at the beginning of each questionnaire.

PILOT STUDY

Prior to administering the final versions of the Task and Knowledge Surveys, OPES prepared and administered an online pilot survey. The pilot survey included both the task and knowledge statements and was reviewed by BVNPT and a group of 20 SMEs. They provided feedback about the technical accuracy of the task and knowledge statements, comprehensiveness of coverage of the job domain, clarity of the instructions for using the survey, clarity of the rating scales, estimated time for completion, and ease of use. OPES used this feedback to develop the final questionnaire.

CHAPTER 3. RESPONSE RATE AND DEMOGRAPHICS

SAMPLING STRATEGY

In February 2014, BVNPT mailed notification letters to all Psychiatric Technicians with active licenses in California (total of 9,641) inviting them to complete either the Task Survey (4,946) or the Knowledge Survey (4,695) online (see Appendix B). The letter also provided an option for licensees to request a paper copy of the survey by calling BVNPT.

Two weeks after the notification letters were mailed, BVNPT mailed a follow-up postcard reminder to the licensees to complete the survey (see Appendix C). BVNPT received 319 of the Task Survey notification letters and 396 of the Knowledge Survey notification letters that were returned as undeliverable. In July 2014, BVNPT re-mailed the notification letters to licensees whose notification letters were returned by using the current address on file with BVNPT. This was done in order to eliminate the possibility that the licensees had submitted a change of address request to BVNPT between the time the mail file was prepared and the letters were mailed.

The online survey format allowed for several enhancements to the survey and data collection process. As part of the survey development, configuration, and analysis process, various criteria were established to exclude invalid participants and capture data automatically, significantly reducing data input errors.

Together, the Task and Knowledge Surveys sampled the entire population of Psychiatric Technicians with active licensees in California (9,641). The Task Survey was designed to determine the actual tasks entry-level licensed Psychiatric Technicians (i.e., licensed between 0 and 5 years) perform on the job and, therefore, oversampled the entry-level population of Psychiatric Technicians. The Knowledge Survey was designed to determine the importance of each knowledge required for safe and effective performance of job tasks. Due to the nature of the judgment required to make the necessary knowledge statement ratings, the Knowledge Survey oversampled the more experienced licensees. For both surveys, a proportional number of practitioners in each experience level category was drawn from each county. By having practitioners from each county represented, the samples were more representative of the distribution of practitioners than would be obtained by a random sample.

For the Task Survey, the notification letter was sent to 4,946 Psychiatric Technicians with active California licenses, which included 2,527 licensees (84 percent) who have had their licenses for between 0 and 5 years and 1,539 licensees (76 percent) who have had their licenses for between 6 and 10 years. The Task Survey also included 880 (19 percent) licensees with 11 or more years of experience. For the Knowledge Survey, the notification letter was sent to 4,695 Psychiatric Technicians with active California licenses, which included 3,705 (81 percent) licensees with 11 or more years of

experience, 493 (24 percent) licensees with 6 to 10 years of experience, and 497 (16 percent) licensees with 0 to 5 years of experience.

RESPONSE RATE

Task Survey

A total of 307 licensed Psychiatric Technicians (6 percent of the sample) responded by either logging in to the online survey (281) or returning a completed paper survey (26). The total sample size included in the final data analysis was 211, or 4 percent of the original sample of 4,946 licensees who were invited to complete the questionnaire. This response rate (4 percent) reflects two adjustments. First, data from respondents who indicated they were not currently practicing as Psychiatric Technicians in California were excluded from analysis. Second, the reconciliation process removed respondents whose surveys were deemed invalid for various reasons (e.g., failure to provide any task ratings).

Knowledge Survey

A total of 377 licensed Psychiatric Technicians (8 percent of the sample) responded by either logging in to the online survey (332) or returning a completed paper survey (45). The total sample size included in the final data analysis was 268, or 6 percent of the original sample of 4,695 licensees who were invited to complete the questionnaire. This response rate (6 percent) reflects two adjustments. First, data from respondents who indicated they were not currently practicing as Psychiatric Technicians in California were excluded from analysis. Second, the reconciliation process removed respondents whose surveys were deemed invalid for various reasons (e.g., failure to provide any knowledge ratings).

DEMOGRAPHIC SUMMARY

Overview

Tables 1 through 17 and figures 1 through 17 display summaries of the respondents' demographic information for the two surveys.

As expected, the majority of the Task Survey respondents have been licensed 10 years or less (73 percent) and the majority of the Knowledge Survey respondents have been licensed 11 years or longer (84 percent).

For both surveys, most of the responding Psychiatric Technicians can be described in terms of the following demographic characteristics:

- Work 8-hour, AM-shifts
- Work 40 or more hours per week
- Perform majority of work in a state-owned facility
- Are Psychiatric Technician Program graduates
- Supervise one to five other staff
- Work in a variety of settings

- Spend most time working with clients with dual diagnoses of mental illness and substance abuse

The data from the two surveys show that the demographic characteristics of respondents are comparable in terms of the number of hours worked per week, education level, age of clients served, diagnosis of clients served, and region of practice.

The most notable differences in demographic characteristics between respondents to the two surveys can be described as follows:

- The Task Survey respondents, who have had fewer years of experience, were most likely to work in acute and long-term psychiatric facilities, while the Knowledge Survey respondents, who have had more experience, were most likely to work in the correctional/detention facilities.
- The Task Survey respondents were also more likely to see a larger number of clients per day than the more experienced Knowledge Survey respondents.

TABLE 1 – YEARS PRACTICING IN CALIFORNIA AS A PSYCHIATRIC TECHNICIAN

Years	Task Survey		Knowledge Survey	
	N	Percent	N	Percent
0 to 5 years	83	39.3	19	7.1
6 to 10 years	70	33.2	24	9.0
11 to 20 years	38	18.0	70	26.1
More than 20 years	20	9.5	155	57.8
Total	211	100.0	268	100.0

FIGURE 1 – YEARS PRACTICING IN CALIFORNIA AS A PSYCHIATRIC TECHNICIAN

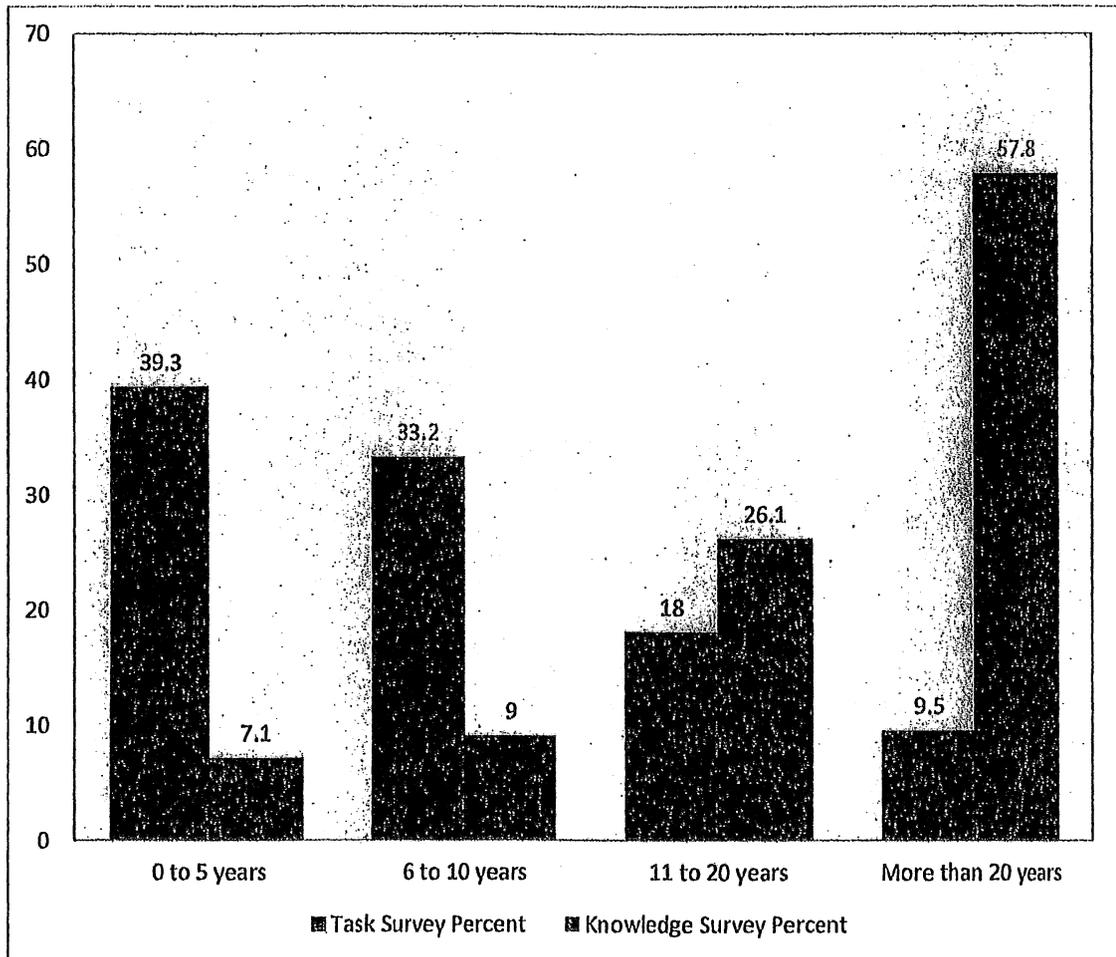


TABLE 2 – NUMBER OF HOURS WORKED PER WEEK

Hours	Task Survey		Knowledge Survey	
	N	Percent	N	Percent
9 hours or less	3	1.4	8	3.0
10 to 19 hours	3	1.4	12	4.5
20 to 29 hours	10	4.7	23	8.6
30 to 39 hours	18	8.5	32	11.9
40 or more hours	177	83.9	192	71.6
Missing			1	0.4
Total	211	100.0	268	100.0

NOTE: Total percentage may not add to 100 due to rounding.

FIGURE 2 – NUMBER OF HOURS WORKED PER WEEK

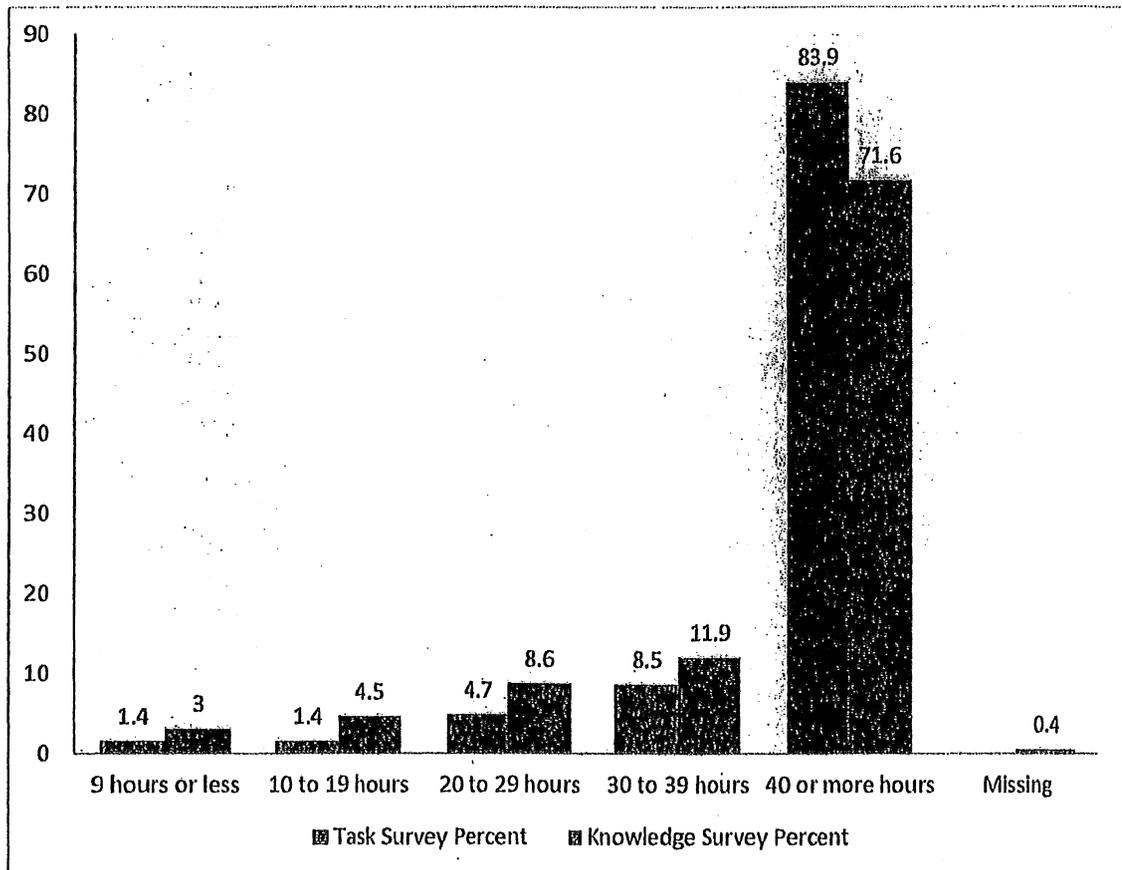


TABLE 3 – TYPICAL SHIFT

Shift	Task Survey		Knowledge Survey	
	N	Percent	N	Percent
AM	103	48.8	152	56.7
PM	61	28.9	47	17.5
NOC	31	14.7	33	12.3
Variable	9	4.3	26	9.7
Other	7	3.3	10	3.7
Total	211	100.0	268	100.0

NOTE: Total percentage may not add to 100 due to rounding.

FIGURE 3 – TYPICAL SHIFT

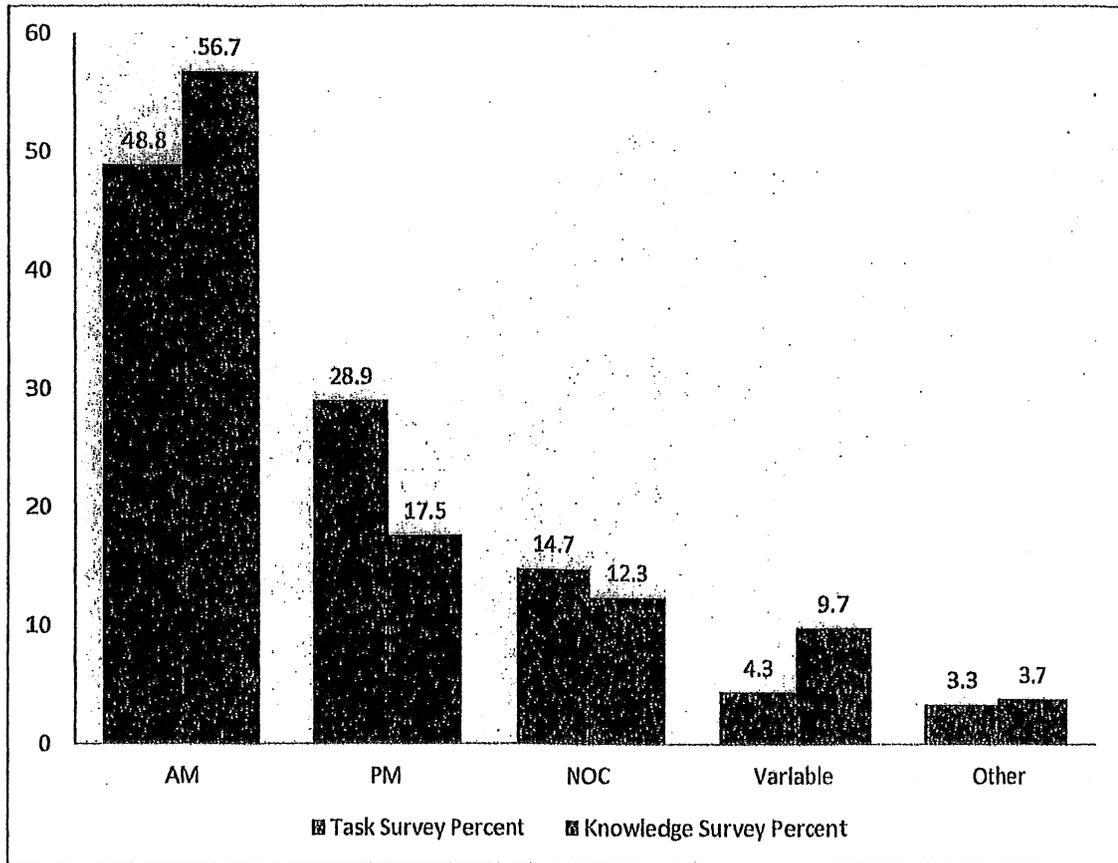


TABLE 4 – TYPICAL SHIFT LENGTH

Shift Length	Task Survey		Knowledge Survey	
	N	Percent	N	Percent
8 hours	186	88.2	213	79.5
10 hours	7	3.3	18	6.7
12 hours	10	4.7	16	6.0
Other	7	3.3	20	7.5
Missing	1	0.5	1	0.4
Total	211	100.0	268	100.0

NOTE: Total percentage may not add to 100 due to rounding.

FIGURE 4 – TYPICAL SHIFT LENGTH

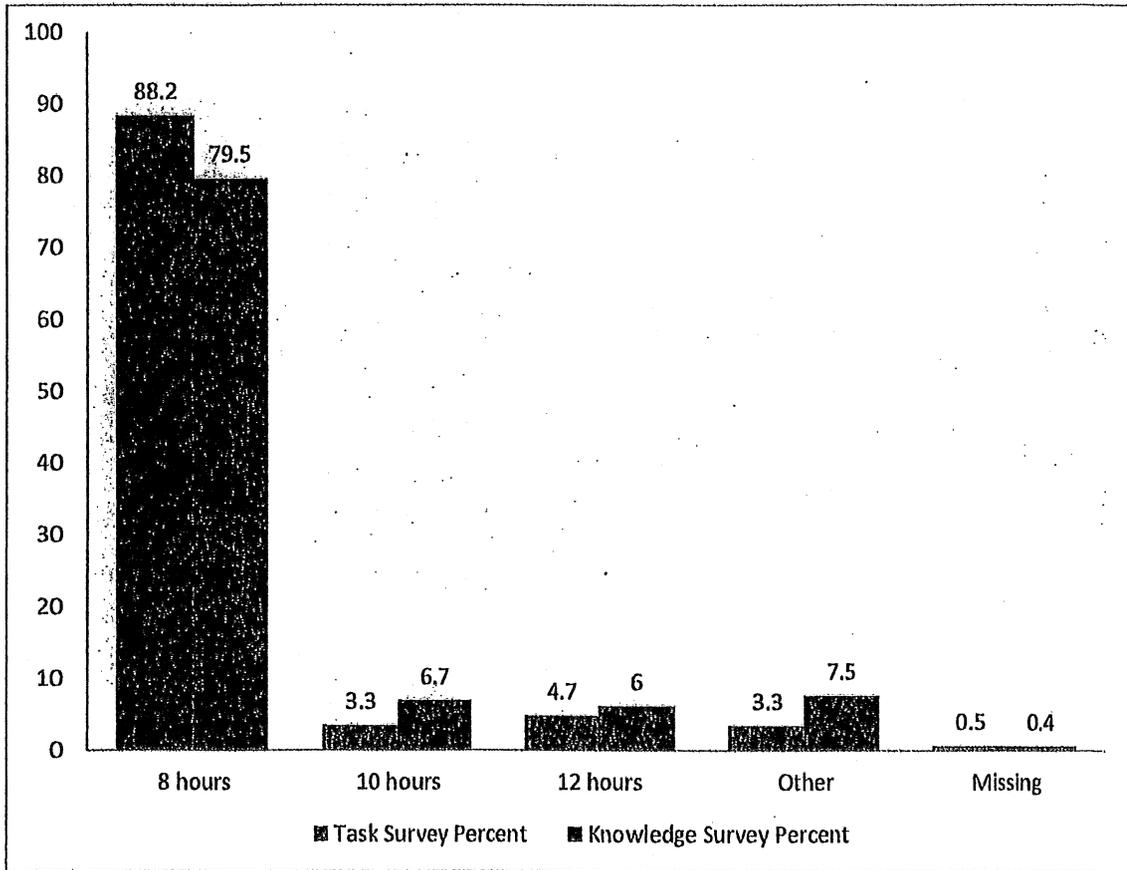


TABLE 5 – TYPE OF FACILITY WHERE MAJORITY OF WORK PERFORMED

Facility Type	Task Survey		Knowledge Survey	
	N	Percent	N	Percent
State-owned	146	69.2	150	56.0
Privately owned	43	20.4	62	23.1
City/County-owned	21	10.0	51	19.0
Federally owned	1	0.5	2	0.7
Missing			3	1.1
Total	211	100.0	268	100.0

NOTE: Total percentage may not add to 100 due to rounding.

FIGURE 5 – TYPE OF FACILITY WHERE MAJORITY OF WORK PERFORMED

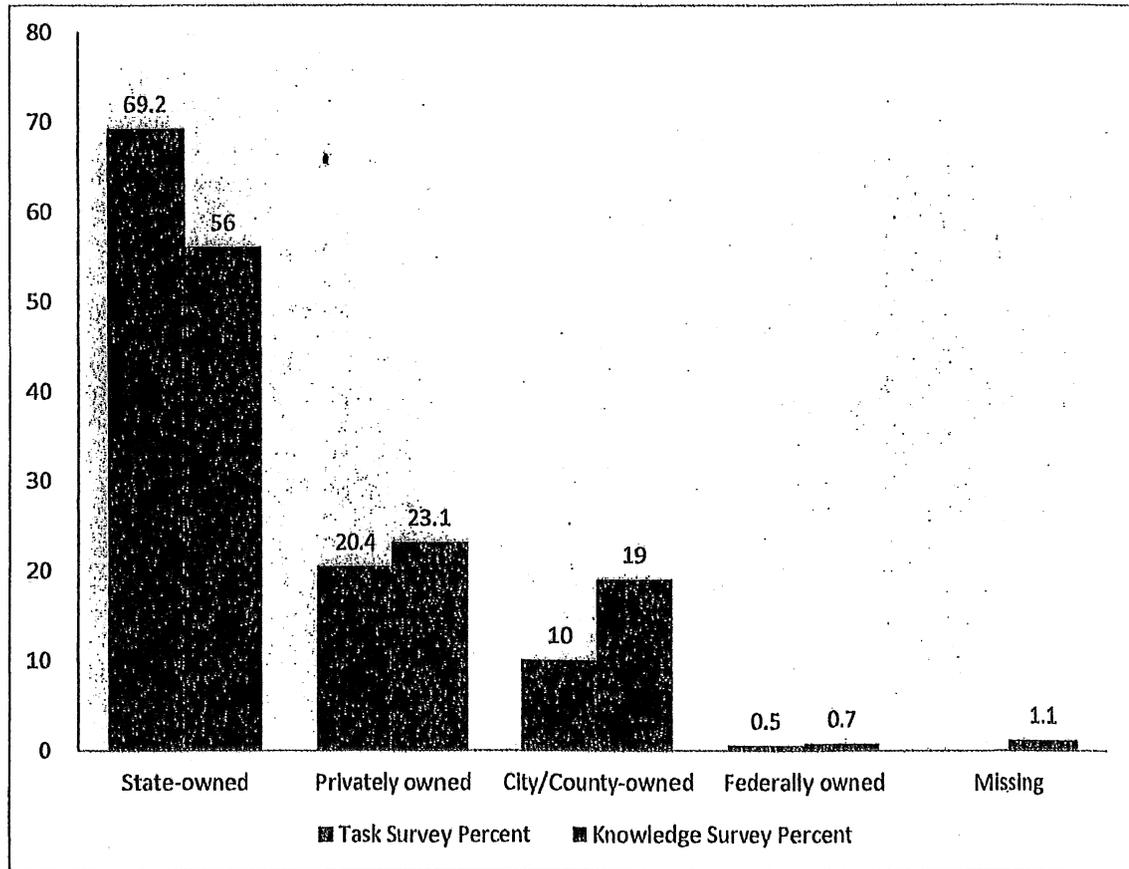


TABLE 6 – MILES TRAVELED EACH DAY FROM HOME TO PLACE OF WORK

Distance	Task Survey		Knowledge Survey	
	N	Percent	N	Percent
0 to 10 miles	59	28.0	84	31.3
11 to 20 miles	57	27.0	73	27.2
21 to 30 miles	39	18.5	48	17.9
31 to 40 miles	34	16.1	23	8.6
41 to 50 miles	13	6.2	16	6.0
Other	8	3.8	24	9.0
Missing	1	0.5		
Total	211	100.0	268	100.0

NOTE: Total percentage may not add to 100 due to rounding.

FIGURE 6 – MILES TRAVELED EACH DAY FROM HOME TO PLACE OF WORK

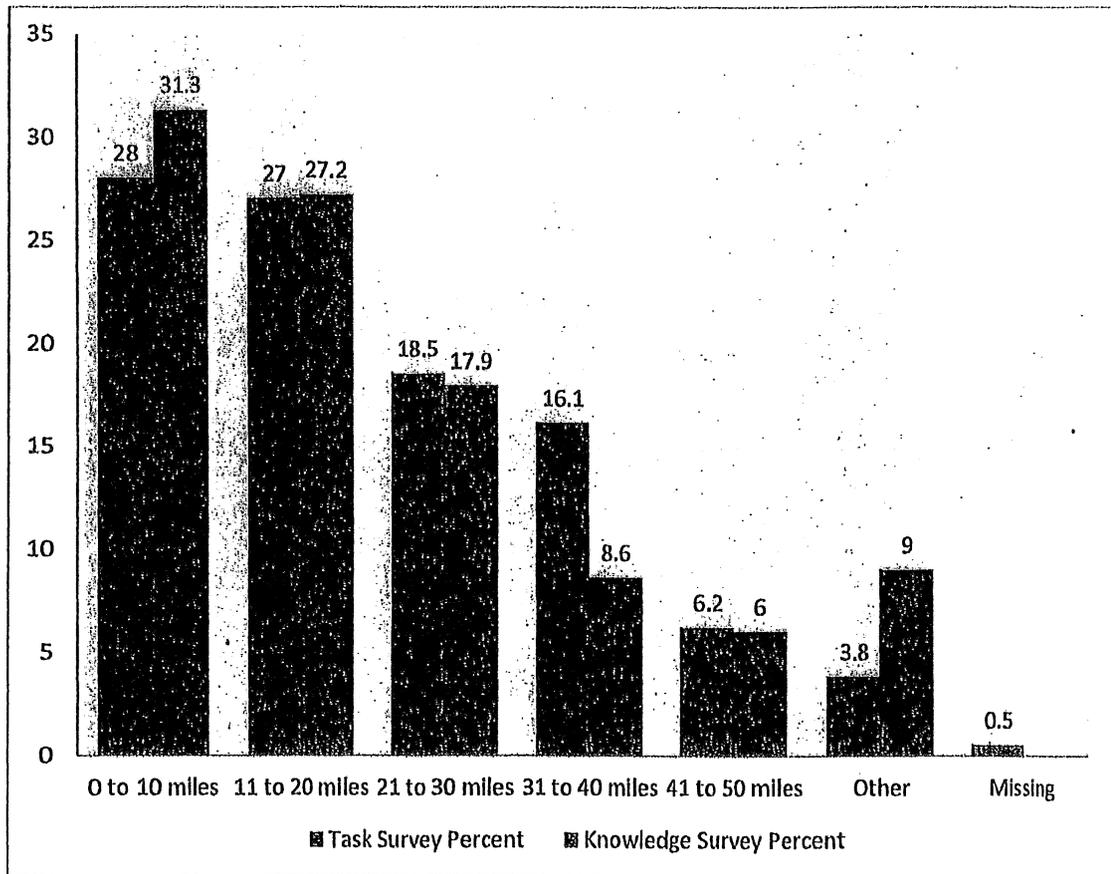


TABLE 7 – CURRENT JOB TITLE

Job Title	Task Survey		Knowledge Survey	
	N	Percent	N	Percent
Psychiatric Technician	163	77.3	158	59.0
Senior Psychiatric Technician	29	13.7	33	12.3
Other	8	3.8	48	17.9
Unit Supervisor/Residence Manager	4	1.9	17	6.3
Supervising Psychiatric Technician	3	1.4	4	1.5
Medication Services Supervisor	2	0.9	2	0.7
Psychiatric Technician Educator	1	0.5	3	1.1
Program Director			3	1.1
Missing	1	0.5		
Total	211	100.0	268	100.0

NOTE: Total percentage may not add to 100 due to rounding.

FIGURE 7 – CURRENT JOB TITLE

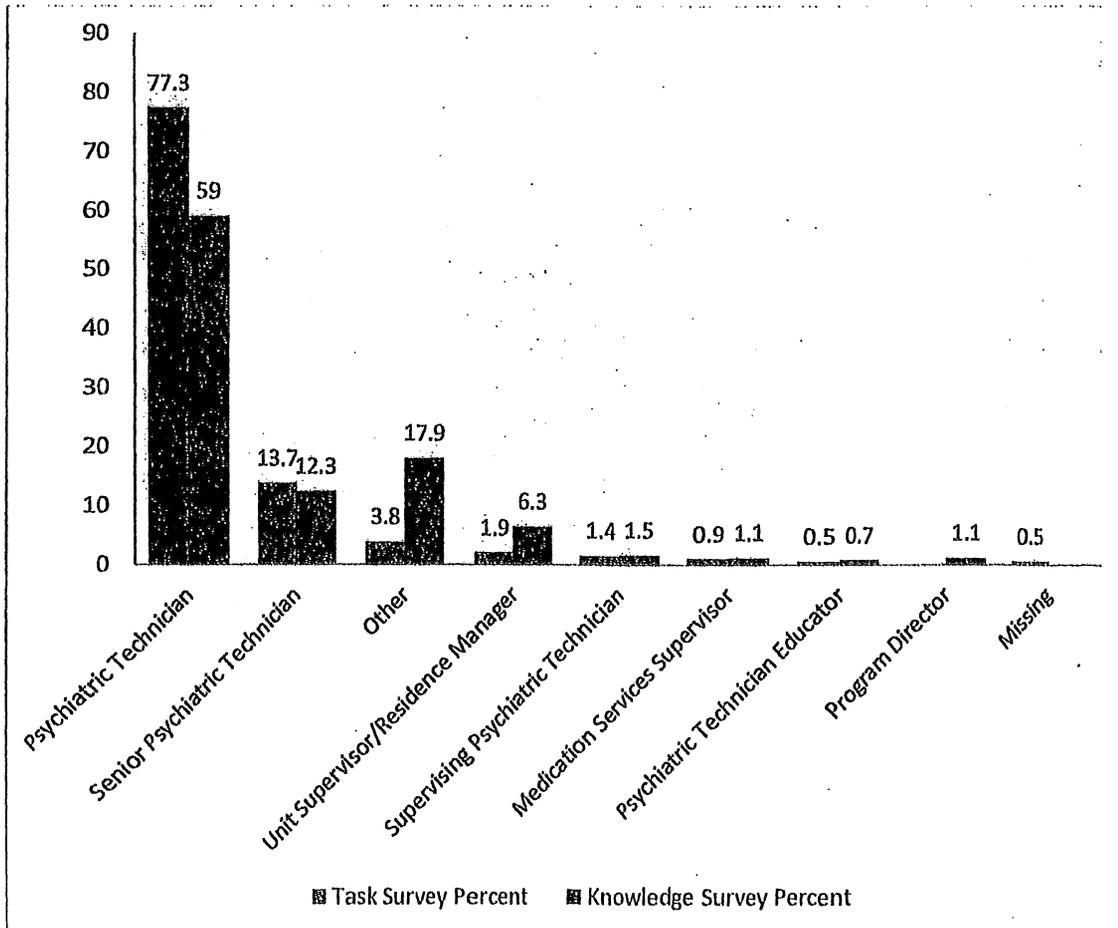


TABLE 8 – HIGHEST EDUCATION LEVEL

Education Level	Task Survey		Knowledge Survey	
	N	Percent	N	Percent
Psychiatric Technician Program graduate	103	48.8	116	43.3
Associate degree	57	27.0	78	29.1
Baccalaureate degree	26	12.3	41	15.3
Advanced degree	13	6.2	10	3.7
Other formal education	10	4.7	19	7.1
High school graduate or equivalent	1	0.5	4	1.5
Missing	1	0.5		
Total	211	100.0	268	100.0

FIGURE 8 – HIGHEST EDUCATION LEVEL

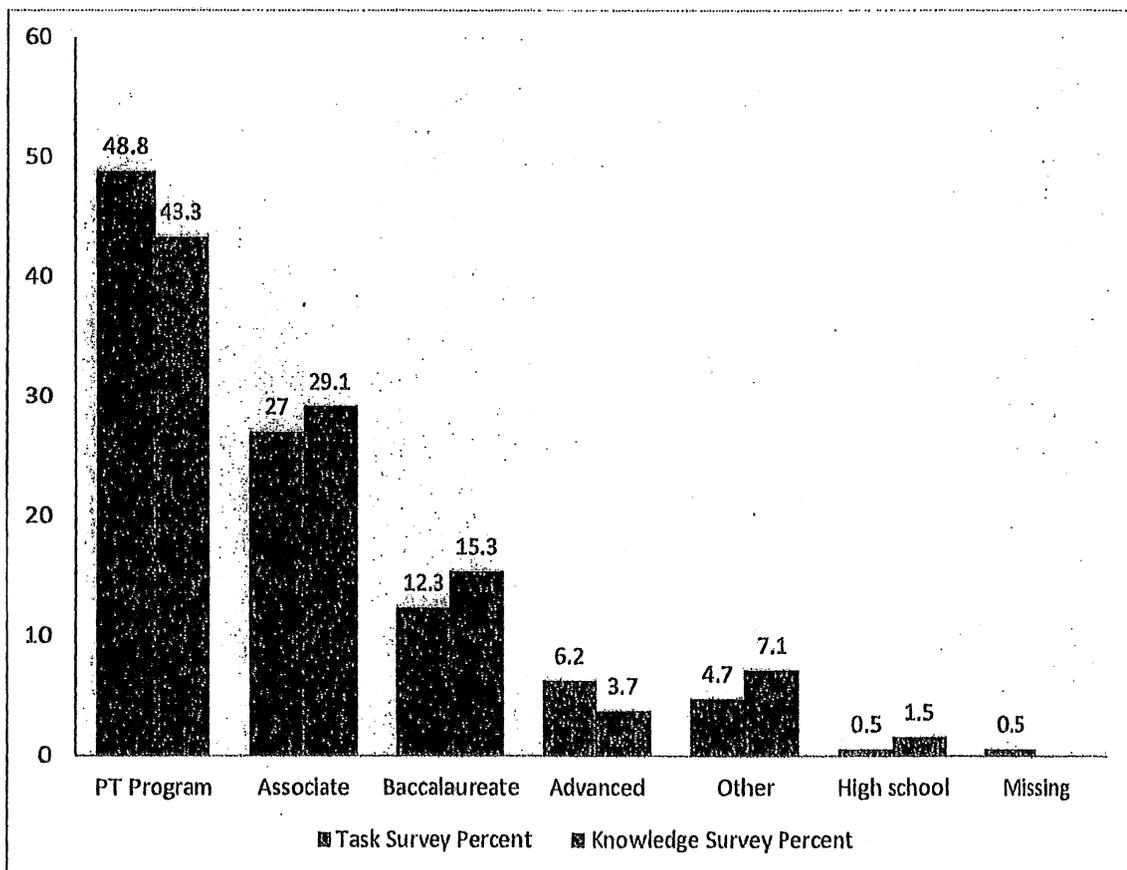


TABLE 9 – SUPERVISION OF OTHER STAFF

Number of Staff Supervised	Task Survey		Knowledge Survey	
	N	Percent	N	Percent
None	82	38.9	109	40.7
1 to 5	69	32.7	66	24.6
6 to 10	31	14.7	36	13.4
11 to 15	8	3.8	15	5.6
16 or more	21	10.0	42	15.7
Total	211	100.0	268	100.0

NOTE: Total percentage may not add to 100 due to rounding.

FIGURE 9 – SUPERVISION OF OTHER STAFF

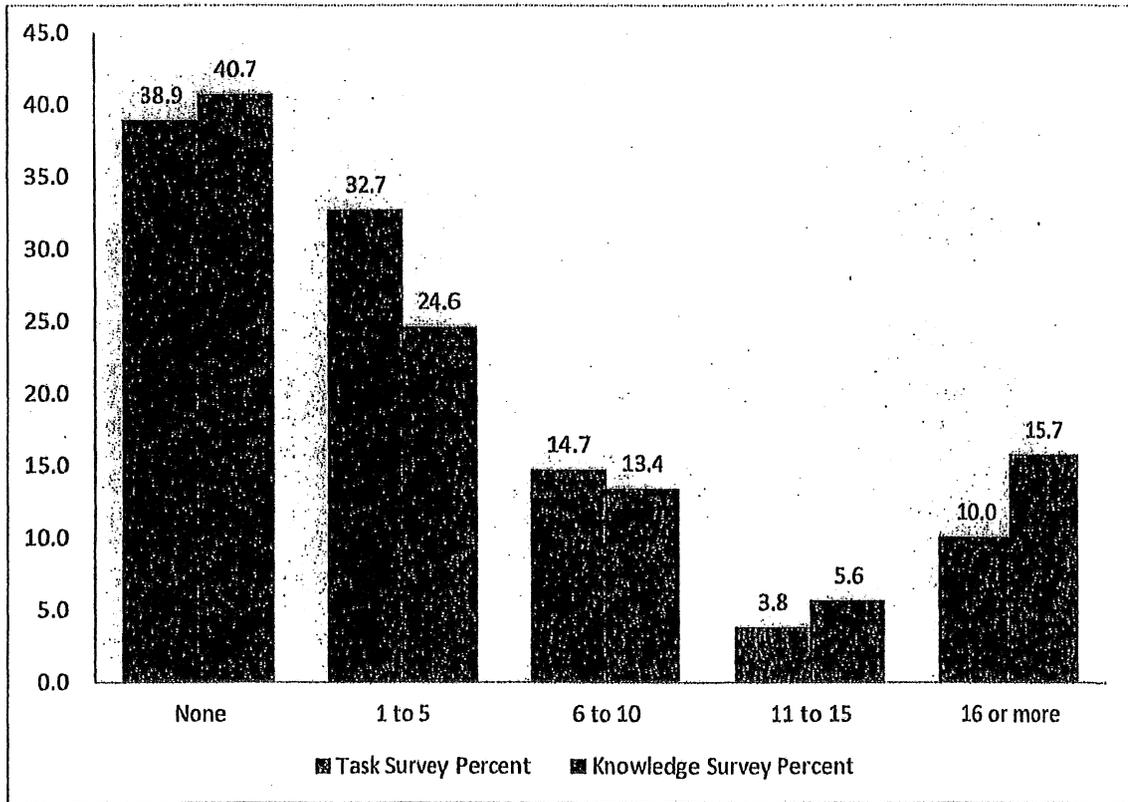


TABLE 10 – PRIMARY WORK SETTING

Work Setting	Task Survey		Knowledge Survey	
	N	Percent	N	Percent
Acute psychiatric facility	44	20.9	44	16.4
Long-term psychiatric facility	42	19.9	47	17.5
Correctional/detention facility	41	19.4	50	18.7
Long-term facility for DD clients	35	16.6	43	16.0
Other	23	10.9	35	13.1
Outpatient psychiatric facility	12	5.7	19	7.1
Emergency psychiatric facility	6	2.8	10	3.7
Residential care facility	4	1.9	12	4.5
Long-term medical/surgical facility	3	1.4		
Sheltered workshop			1	0.4
Educational/school setting	1	0.5	7	2.6
Total	211	100.0	268	100.0

FIGURE 10 – PRIMARY WORK SETTING

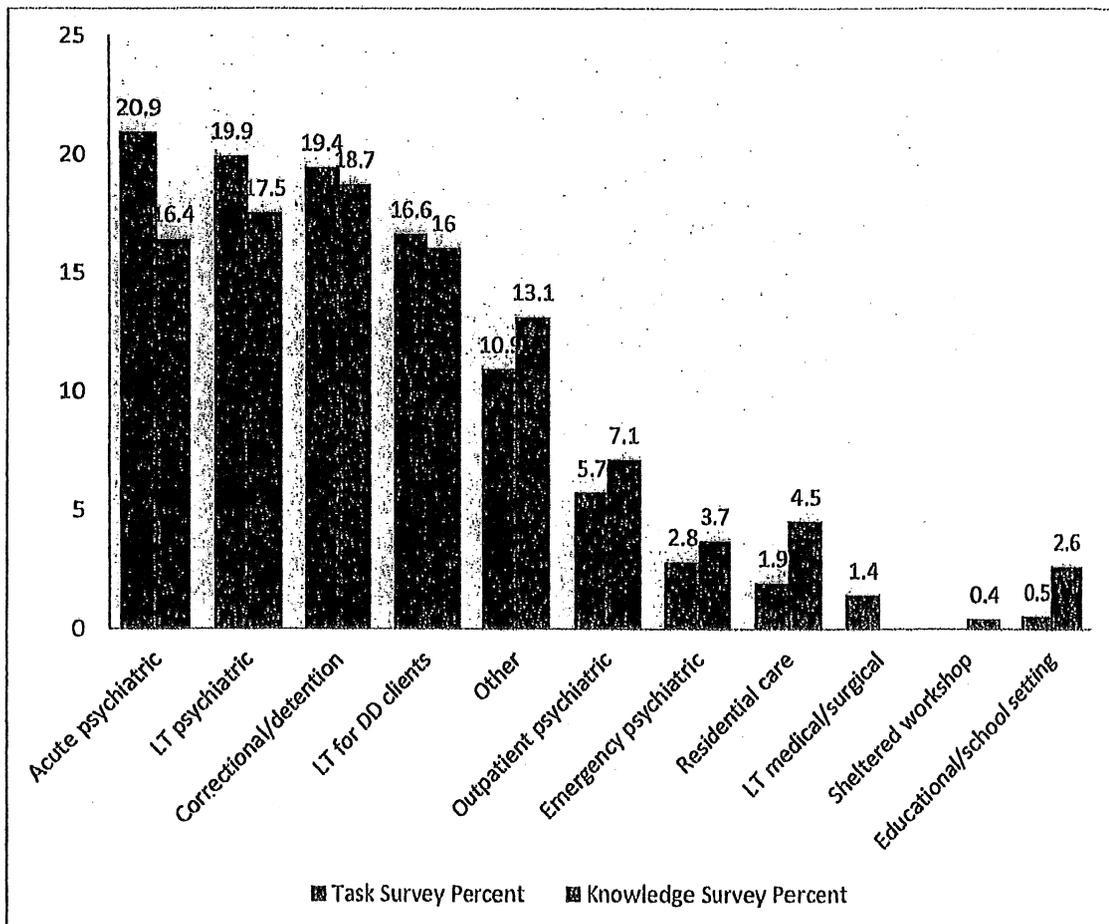


TABLE 11 – NUMBER OF CLIENTS SEEN PER DAY

Number of Clients	Task Survey		Knowledge Survey	
	N	Percent	N	Percent
0 to 5 clients	11	5.2	36	13.4
6 to 20 clients	72	34.1	102	38.1
21 to 50 clients	92	43.6	86	32.1
51 or more clients	35	16.6	43	16.0
Missing	1	0.5	1	0.4
Total	211	100.0	268	100.0

FIGURE 11 – NUMBER OF CLIENTS SEEN PER DAY

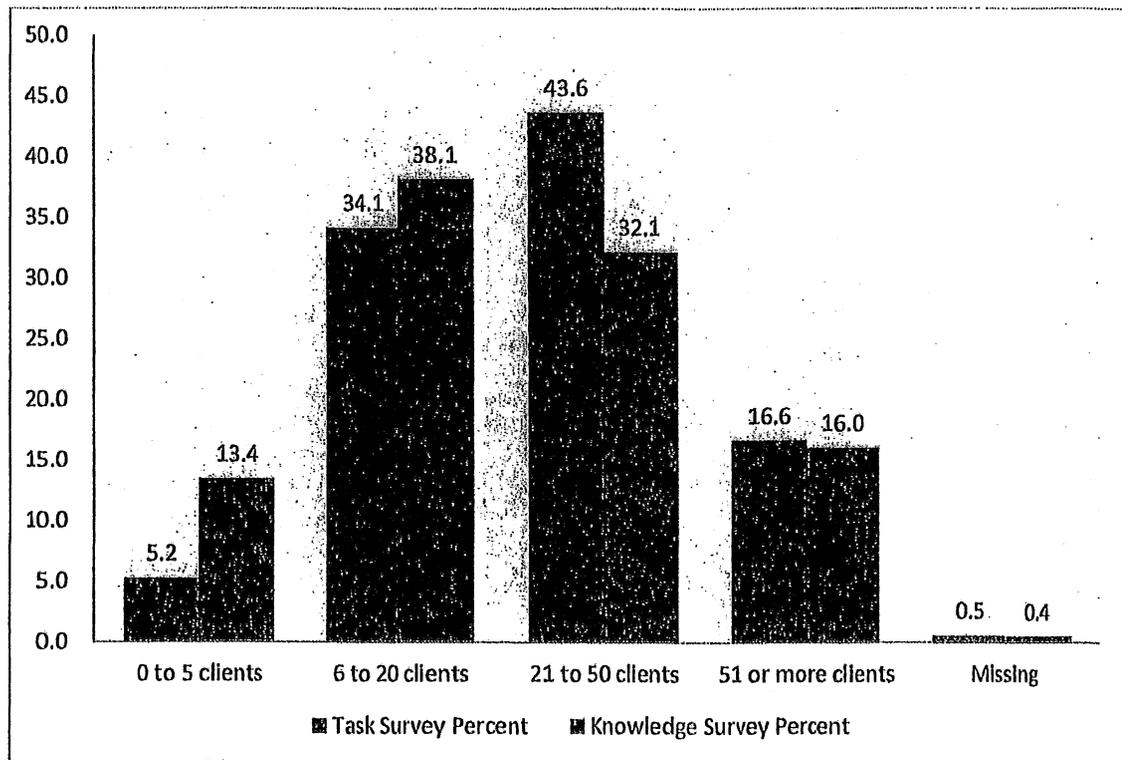


TABLE 12 – AGE OF CLIENTS SERVED ON LAST DAY WORKED

Client Age	Task Survey		Knowledge Survey	
	N	Percent	N	Percent
Adults (ages 31-50)	172	81.5	208	77.6
Adults (ages 51-64)	112	53.1	132	49.3
Young adults (ages 19-30)	81	38.4	110	41.0
Older adults (ages 65 and older)	60	28.4	73	27.2
Adolescents (ages 13-18)	15	7.1	10	3.7
Infants/children (1 month-12 years)	5	2.4	3	1.1

NOTE: Respondents were asked to select all that apply.

FIGURE 12 – AGE OF CLIENTS SERVED ON LAST DAY WORKED

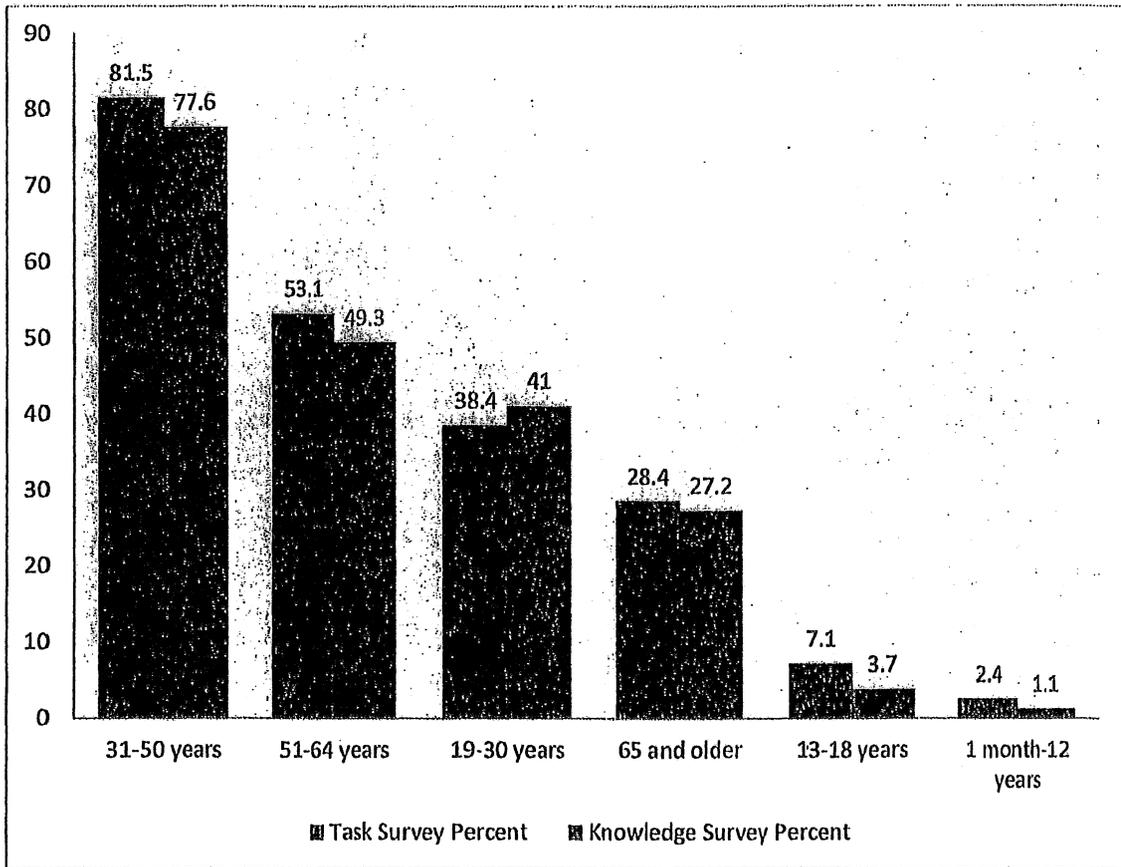
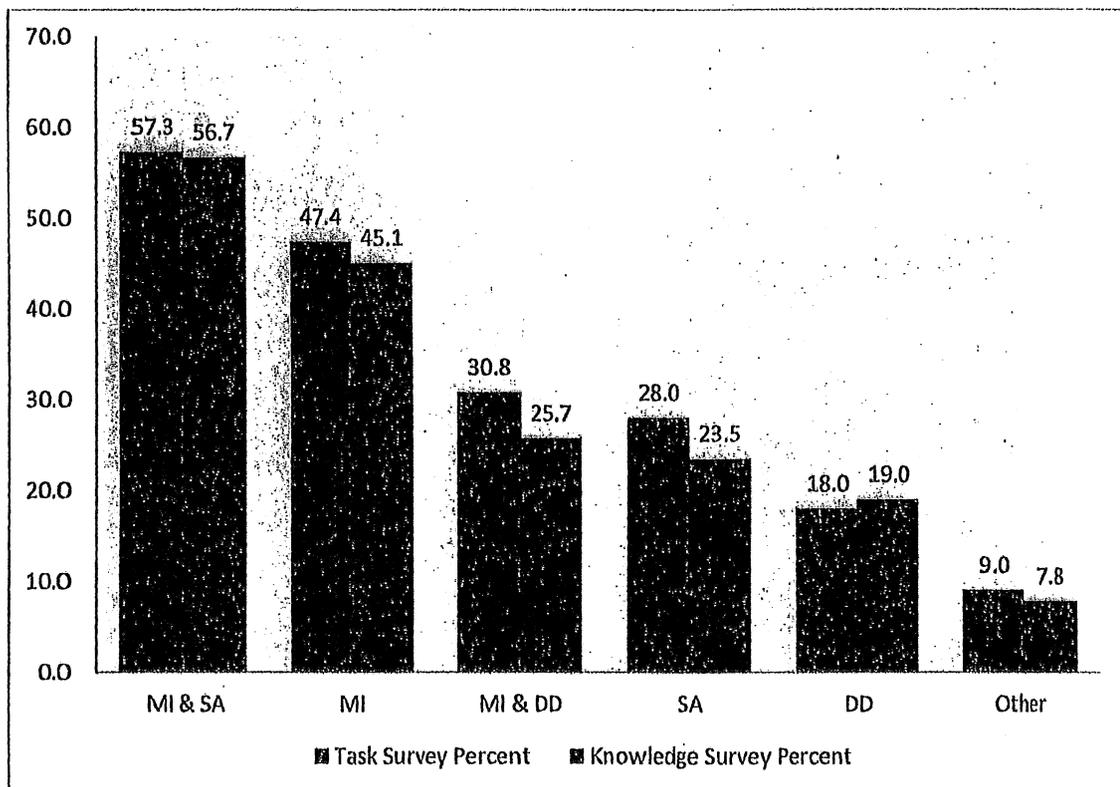


TABLE 13 – DIAGNOSIS THAT BEST DESCRIBES MOST OF THE CLIENTS SERVED ON THE LAST DAY WORKED

Client Diagnosis	Task Survey		Knowledge Survey	
	N	Percent	N	Percent
Dual diagnosis: mental illness and substance abuse	121	57.3	152	56.7
Mental illness	100	47.4	121	45.1
Dual diagnosis: mental illness and developmental disability	65	30.8	69	25.7
Substance abuse	59	28.0	63	23.5
Developmental disability	38	18.0	51	19.0
Other	19	9.0	21	7.8

NOTE: Respondents were asked to select all that apply.

FIGURE 13 – DIAGNOSIS THAT BEST DESCRIBES MOST OF THE CLIENTS SERVED ON THE LAST DAY WORKED



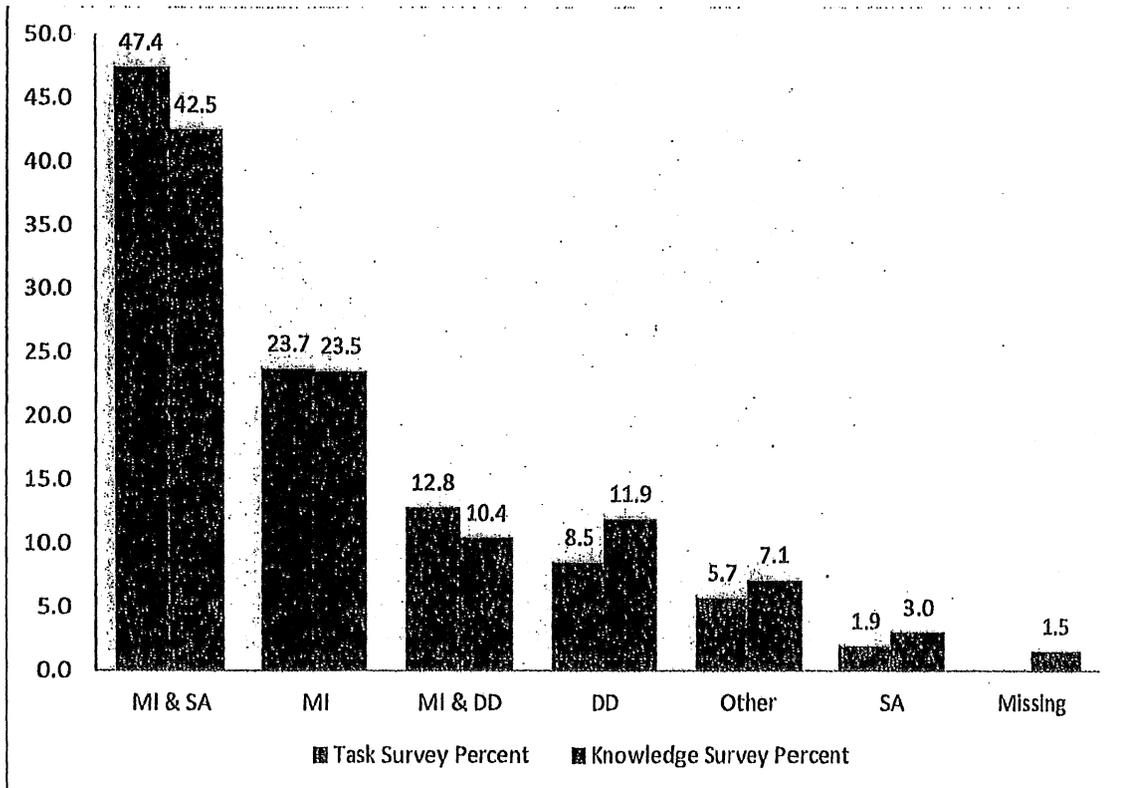
NOTE: MI = mental illness, SA = substance abuse, DD = developmental disability

TABLE 14 – DIAGNOSIS THAT BEST DESCRIBES THE CLIENTS A PSYCHIATRIC TECHNICIAN SPENDS MOST TIME WORKING WITH

Client Diagnosis	Task Survey		Knowledge Survey	
	N	Percent	N	Percent
Dual diagnosis: mental illness and substance abuse	100	47.4	114	42.5
Mental illness	50	23.7	63	23.5
Dual diagnosis: mental illness and developmental disability	27	12.8	28	10.4
Developmental disability	18	8.5	32	11.9
Other (please specify)	12	5.7	19	7.1
Substance abuse	4	1.9	8	3.0
Missing			4	1.5
Total	211	100.0	268	100.0

NOTE: Total percentage may not add to 100 due to rounding.

FIGURE 14 – DIAGNOSIS THAT BEST DESCRIBES THE CLIENTS A PSYCHIATRIC TECHNICIAN SPENDS MOST TIME WORKING WITH



NOTE: MI = mental illness, SA = substance abuse, DD = developmental disability

TABLE 15 – PRELICENSURE EXPERIENCE

Prelicensure Experience	Task Survey		Knowledge Survey	
	N	Percent	N	Percent
Prelicensed Psychiatric Technician	80	37.9	117	43.7
Psychiatric Technician Trainee	72	34.1	114	42.5
Certified Nurse Assistant	69	32.7	74	27.6
Psychiatric Technician Assistant	39	18.5	40	14.9
Mental Health Worker/Hospital Worker	39	18.5	38	14.2
None	28	13.3	41	15.3
Other	28	13.3	28	10.4
Medical Assistant	11	5.2	7	2.6
Licensed Vocational Nurse	5	2.4	6	2.2

NOTE: Respondents were asked to select all that apply.

FIGURE 15 – PRELICENSURE EXPERIENCE

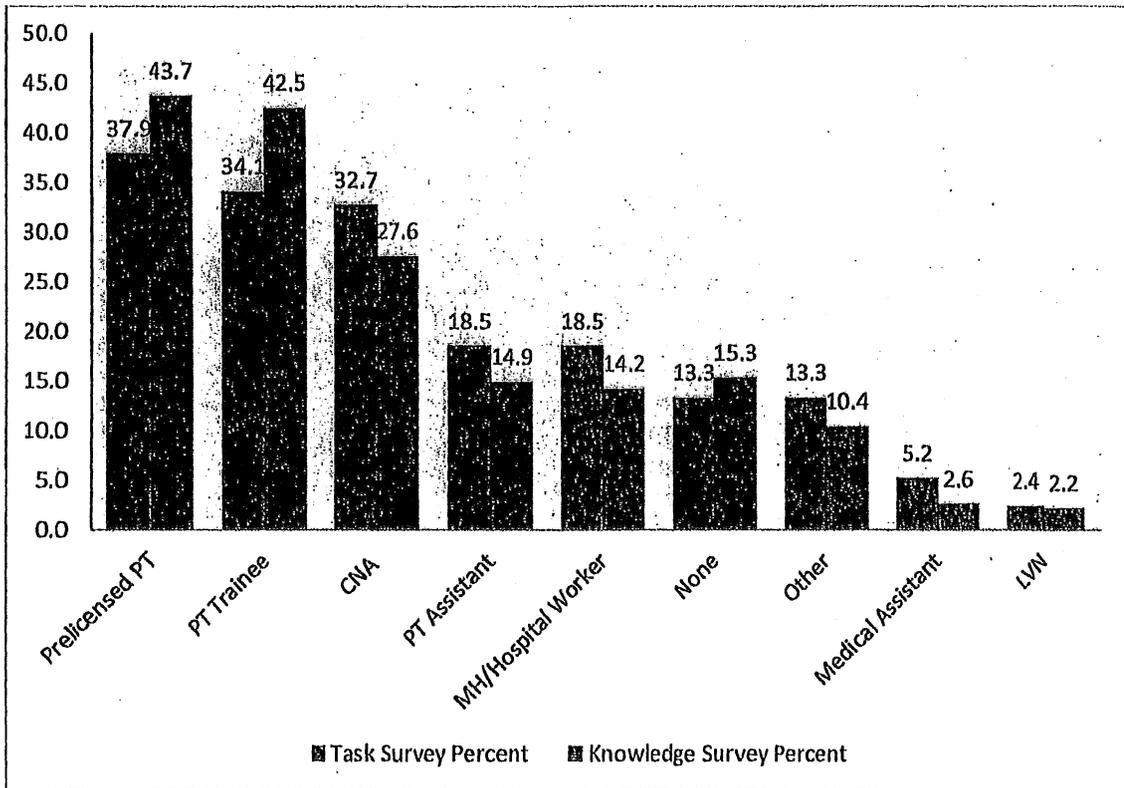


TABLE 16 – CALIFORNIA LICENSES AND CERTIFICATIONS POSSESSED

License/Certification	Task Survey		Knowledge Survey	
	N	Percent	N	Percent
Certified Nursing Assistant	45	21.3	24	9.0
Licensed Vocational Nurse	6	2.8	9	3.4
Alcohol and Drug Counselor	4	1.9	9	3.4
Registered Nurse	2	.9	2	0.7
Marriage and Family Therapist	2	.9	1	0.4

NOTE: Respondents were asked to select all that apply.

FIGURE 16 – CALIFORNIA LICENSES AND CERTIFICATIONS POSSESSED

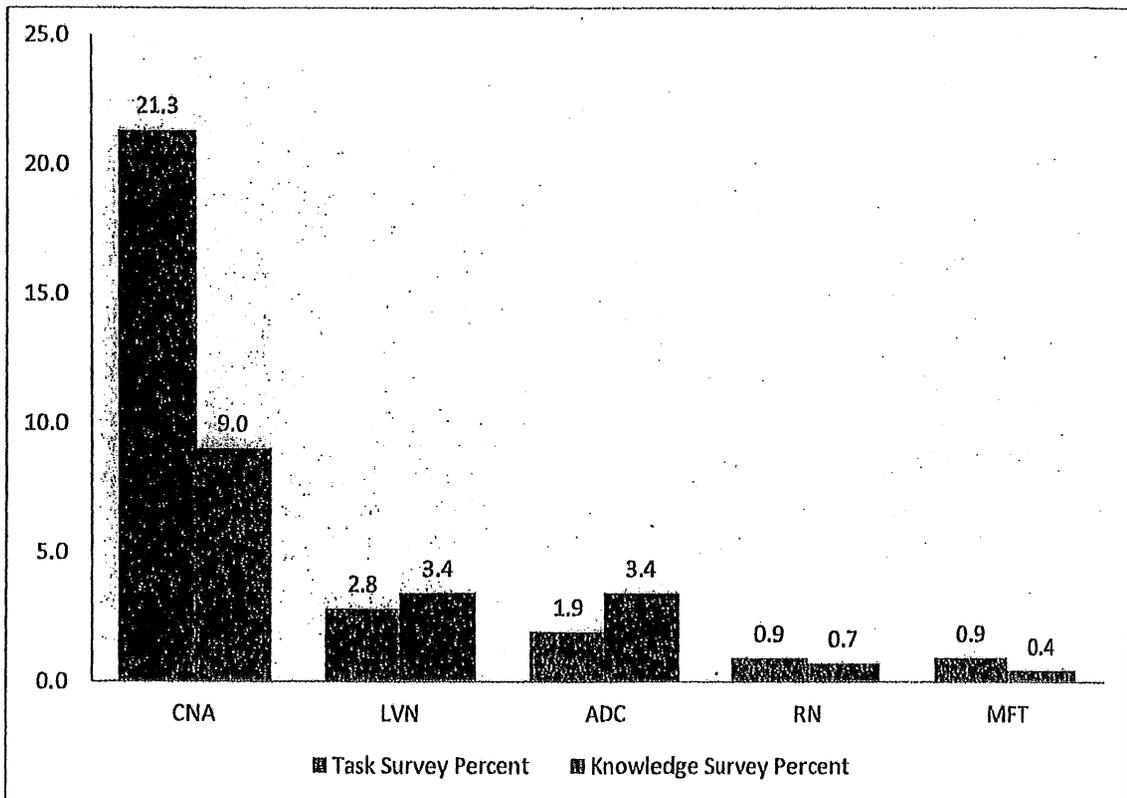
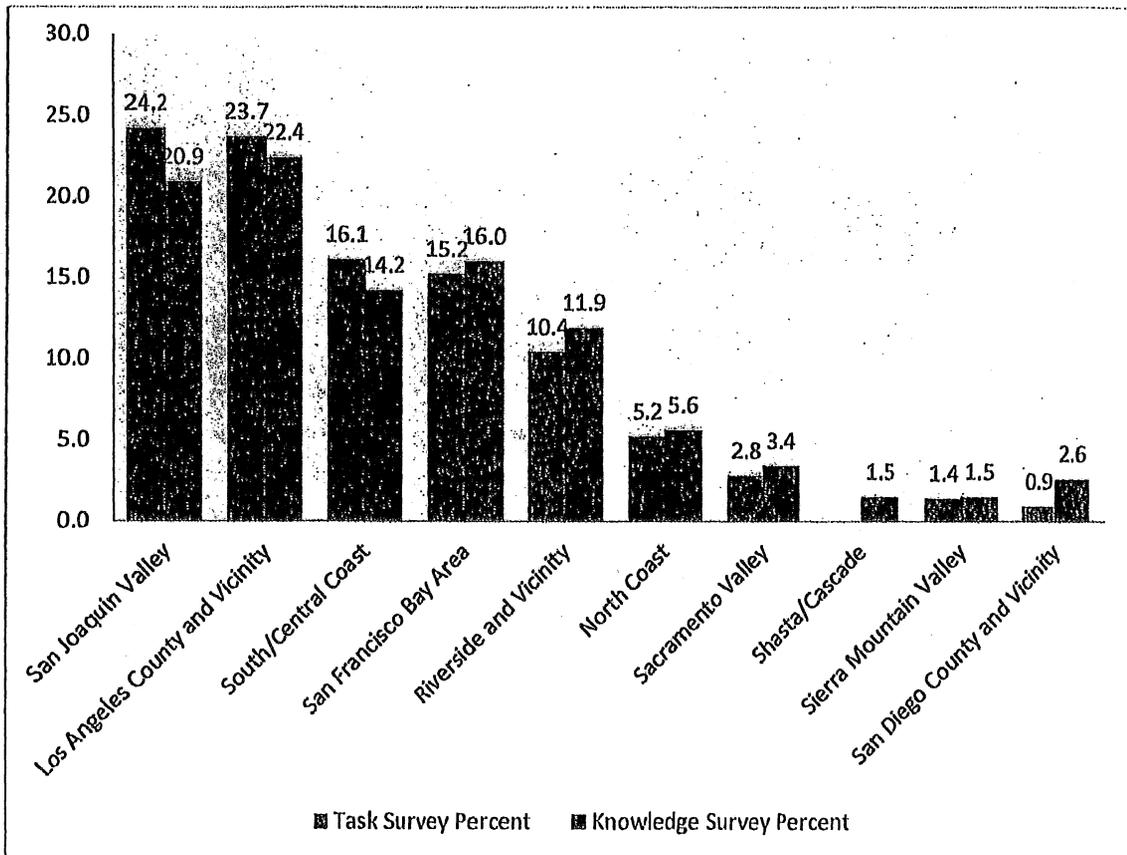


TABLE 17 – REGION OF PRACTICE

Region	Task Survey		Knowledge Survey	
	N	Percent	N	Percent
San Joaquin Valley	51	24.2	56	20.9
Los Angeles County and Vicinity	50	23.7	60	22.4
South/Central Coast	34	16.1	38	14.2
San Francisco Bay Area	32	15.2	43	16.0
Riverside and Vicinity	22	10.4	32	11.9
North Coast	11	5.2	15	5.6
Sacramento Valley	6	2.8	9	3.4
Shasta/Cascade			4	1.5
Sierra Mountain Valley	3	1.4	4	1.5
San Diego County and Vicinity	2	0.9	7	2.6
Total	211	100.0	268	100.0

NOTE: Total percentage may not add to 100 due to rounding. Appendix A shows a more detailed breakdown of the frequencies by region.

FIGURE 17 – REGION OF PRACTICE



CHAPTER 4. DATA ANALYSIS AND RESULTS

RELIABILITY OF RATINGS

The job task and knowledge ratings obtained from the questionnaires were evaluated with a standard index of reliability called coefficient alpha (α) that ranges from 0 to 1. Coefficient alpha is an estimate of internal-consistency of the respondents' ratings of job task and knowledge statements. Coefficients were calculated for all respondent ratings.

Table 18 displays the reliability coefficients for the task statement rating scales in each content area. The overall ratings of task frequency ($\alpha = .99$) and task harm ($\alpha = .99$) across content areas were highly reliable. Table 19 displays the reliability coefficients for the knowledge statement rating scale in each content area. The overall ratings of knowledge importance ($\alpha = .99$) across content areas were highly reliable. These results indicate that the responding Psychiatric Technicians rated the task and knowledge statements consistently throughout the questionnaire.

TABLE 18 – TASK SCALE RELIABILITY

Content Area	Number of Task Statements	α Frequency	α Harm
1. Self-Care	20	.97	.98
2. Basic Nursing Care	66	.98	.99
3. Administration of Care	28	.95	.98
4. Medications	23	.97	.99
5. Psychosocial Assessment and Interventions	49	.98	.99
6. Behavior Management	24	.96	.98
Total	210		

TABLE 19 – KNOWLEDGE SCALE RELIABILITY

Content Area	Number of Knowledge Statements	α Importance
1. Self-Care	40	.99
2. Basic Nursing Care	102	.99
3. Administration of Care	39	.97
4. Medications	27	.98
5. Psychosocial Assessment and Interventions	51	.99
6. Behavior Management	24	.98
Total	283	

TASK CRITICAL VALUES

A focus group of Psychiatric Technician practitioners was convened in October 2014 to review the criticality indices of all task and knowledge statements. The purpose of this workshop was to identify the essential tasks and knowledge required for safe and effective Psychiatric Technician practice at the time of licensure. Practitioners reviewed the task frequency, importance, and criticality indices for all task statements.

In order to determine the critical values (criticality) of the task statements, the frequency rating (frequency) and the harm rating (harm) for each task were multiplied for each respondent, and the products were then averaged across respondents.

$$\text{Critical task value} = \text{mean} [(frequency) \times (harm)]$$

The task statements were then ranked according to critical task values. The SMEs who participated in the October 2014 focus group evaluated the task statements based on critical values derived from questionnaire results. OPES staff asked the SMEs to determine whether any of the tasks did not have a high enough critical value to be included in the examination outline. The SMEs determined that all tasks should be retained based on their view of relative criticality of tasks to Psychiatric Technician practice in California. The task statements, mean frequency and harm ratings, and associated critical task values are presented in Appendix D.

KNOWLEDGE IMPORTANCE VALUES

In order to determine the importance of each knowledge, the mean importance rating for each knowledge statement was calculated. The knowledge statements were then ranked by mean importance. The same focus group that evaluated the task statements based on task critical values in October 2014 also evaluated the knowledge statements based on knowledge importance values. The SMEs determined that all knowledge statements should be included in the examination outline. The knowledge statements and associated mean importance values are presented in Appendix E.

CHAPTER 5. EXAMINATION OUTLINE

CONTENT AREAS AND WEIGHTS

The preliminary weights of the content areas for the examination outline were determined by dividing the sum of the task critical values for a content area by the overall sum of the task critical values for all tasks:

$$\frac{\text{Sum of Critical Values for Tasks in Content Area}}{\text{Sum of Critical Values for All Tasks}} = \frac{\text{Percent Weight of Content Area}}{\text{Content Area}}$$

The preliminary content area weights based on the task critical values are presented in Table 20.

The SMEs who participated in the October 2014 focus group evaluated the preliminary content area weights in terms of how well they reflected the relative importance of the content areas to Psychiatric Technician practice in California. The SMEs agreed that the preliminary content area weights for most content areas accurately captured the relative importance of the content areas to Psychiatric Technician practice in California. They also determined that slight adjustments to preliminary weights for the content areas Administration of Care and Psychosocial Assessment and Interventions were necessary to more accurately capture the relative importance of those content areas. The preliminary weight for Administration of Care was reduced from 17 percent to 15 percent, and the preliminary weight for Psychosocial Assessment and Interventions was increased from 19 percent to 21 percent.

TABLE 20 – CONTENT AREA WEIGHTS: PSYCHIATRIC TECHNICIAN

Content Area	Number of Tasks	Preliminary Weight	Final Weight
1. Self-Care	40	7%	7%
2. Basic Nursing Care	102	27%	27%
3. Administration of Care	39	17%	15%
4. Medications	27	19%	19%
5. Psychosocial Assessment and Interventions	51	19%	21%
6. Behavior Management	24	11%	11%
Total	283	100%	100%

The examination content outline for the Psychiatric Technician Licensure Examination is presented in Table 21. The task and knowledge linkage for each content area is presented in Appendix F.

CHAPTER 6. CONCLUSION

The occupational analysis described in this report provides a comprehensive description of current practice of Psychiatric Technicians in California. The procedures employed to perform the occupational analysis were based upon a content validation strategy to ensure that the results accurately represent the practice of Psychiatric Technicians. Results of this occupational analysis provide information regarding current practice that can be used to make job-related decisions regarding professional licensure.

By adopting the Psychiatric Technician Licensure Examination Outline contained in this report, BVNPT ensures that its examination program reflects current practice.

This report provides all documentation necessary to verify that the analysis has been implemented in accordance with legal, professional, and technical standards.

APPENDIX A. RESPONDENTS BY REGION

LOS ANGELES AND VICINITY

County of Practice	Task Survey Frequency	Knowledge Survey Frequency
Los Angeles	33	34
Orange	17	26
TOTAL	50	60

SAN FRANCISCO AREA

County of Practice	Task Survey Frequency	Knowledge Survey Frequency
Alameda	1	4
Contra Costa	2	1
Marin	0	5
Napa	19	12
San Francisco	3	9
San Mateo	2	0
Santa Clara	3	6
Santa Cruz	1	2
Solano	1	4
TOTAL	32	43

SAN JOAQUIN VALLEY

County of Practice	Task Survey Frequency	Knowledge Survey Frequency
Fresno	21	13
Kern	2	3
Kings	3	6
Madera	0	1
San Joaquin	14	12
Stanislaus	0	2
Tulare	11	19
TOTAL	51	56

SACRAMENTO VALLEY

County of Practice	Task Survey Frequency	Knowledge Survey Frequency
Butte	0	3
Sacramento	4	6
Sutter	2	0
TOTAL	6	9

SAN DIEGO AND VICINITY

County of Practice	Task Survey Frequency	Knowledge Survey Frequency
Imperial	0	1
San Diego	2	6
TOTAL	2	7

SHASTA/CASCADE

County of Practice	Task Survey Frequency	Knowledge Survey Frequency
Lassen	0	4
TOTAL	0	4

RIVERSIDE AND VICINITY

County of Practice	Task Survey Frequency	Knowledge Survey Frequency
Riverside	2	4
San Bernardino	20	28
TOTAL	22	32

SIERRA MOUNTAIN VALLEY

County of Practice	Task Survey Frequency	Knowledge Survey Frequency
Amador	1	2
El Dorado	1	1
Inyo	0	1
Placer	1	0
TOTAL	3	4

NORTH COAST

County of Practice	Task Survey Frequency	Knowledge Survey Frequency
Humboldt	0	1
Sonoma	11	14
TOTAL	11	15

SOUTH/CENTRAL COAST

County of Practice	Task Survey Frequency	Knowledge Survey Frequency
Monterey	3	4
San Luis Obispo	28	27
Santa Barbara	1	2
Ventura	2	5
TOTAL	34	38