

Nonsurgical Pain Management (NSPM) Subspecialty Credential

Examination Content Outline

The NSPM subspecialty certification examination will consist of 150 scored multiple choice questions and 2-3 clinical scenario items. The total time allowed for the examination will be 240 minutes, or four hours; three hours are allotted for the multiple-choice section and one hour for the clinical scenario section. The NSPM certification examination will not be computer adaptive. The passing standard must be met in order to be credentialed in the NSPM subspecialty.

Clinical scenario items (CSIs) are test questions that use clinical scenarios to assess the decision making capabilities of the examinee. The examinee is presented with a base clinical patient scenario and multiple possible actions to manage the patient. Through the course of the examinee's selections, additional information regarding the patient is provided. These CSIs add value to the examination experience by replicating a patient and nurse anesthetist's interactions.

The NSPM subspecialty examination will assess a nurse anesthetist's competence of needle placement in three anatomical approaches (i.e., midline, lateral, peripheral) and four anatomical regions (i.e., cervical, thoracic, lumbar, and sacral), as well as assess knowledge related to the NSPM certification examination content outline as listed below:

- I. Physiology and Pathophysiology of Pain (13%)**
 - A. Applicable anatomy and physiology of pain
 - B. Nociception: transduction, transmission, perception and modulation of pain
 - C. Factors influencing pain
 - D. Cellular response to pain and treatment
 - E. Pain classifications
 - F. Evidence based principles
 - G. Pathophysiology
 - a. Neurotransmitters
 - b. Inflammatory mediators
 - c. Pain pathways

- II. Imaging Safety (8%)**
 - A. Evaluation of equipment
 - B. Equipment safety
 - C. Radiation safety
 - D. Safe practices with imaging equipment
 - E. Provider and Staff safety
 - F. Patient safety

III. Assessment / Diagnosis / Integration / Referral (24%)

- A. Physical examination
- B. Pain generators
- C. Health history
- D. Diagnostic studies
 - a. MRI
 - b. CT
 - c. EMG
 - d. X-ray
 - e. Discogram
- E. Documentation
- F. Data interpretation
- G. Treatment plan
- H. Imaging strategies
- I. Clinical judgment
- J. Multidisciplinary collaboration

IV. Pharmacological Treatment (15%)

- A. Pharmacology and pain
 - a. NSAIDS
 - b. Opioids
 - c. Anticonvulsants
 - d. Antidepressants
 - e. Muscle relaxants
 - f. Antiepileptic drugs
 - g. Local anesthetics
 - h. Corticosteroids
 - i. Nutraceuticals
 - j. Supplements
 - k. NMDA receptor antagonists
- B. Drugs for pain interventions
- C. Drug interactions
- D. Botanical, herbal, nutraceuticals and homeopathic treatments
- E. Risks and benefits of drug therapy
- F. Patient safety
- G. Regulatory requirements
- H. Safe drug practices

V. Interventional Pain Strategies (29%)

- A. Indications for advanced imaging
- B. Targeted treatment of pain
- C. Global treatment of pain
- D. Implementation of care plan
- E. Consideration of comorbidities

Appendix A: Content Outline

- F. Imaging strategies
- G. Contrast studies
- H. Complications: risk assessment, identification and interventions
- I. Treatment goals
- J. Patient monitoring
- K. Use of neuroablative techniques

VI. Professional Aspects (11%)

- A. Informed consent
- B. Protection of patient rights
- C. Outcome measurements
- D. Patient follow-up
- E. Legal, statutory and regulatory issues

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