Results: The surveys were sent to over 280 graduates with a return rate of 53% (range 28% - 86% by university). Of those responding 95% were employed with 80% employed full-time. Thirty-two percent were employed in primary care settings with an additional 10% in school-based clinics. Fifty-three percent were employed in specialty practice in either inpatient or outpatient settings. They often cared for children with acute conditions (60%) and chronic health conditions (53%) irrespective of clinical setting.

Role functions varied by practice setting with provision of preventive health interventions, growth and development counseling, lifestyle behavior counseling, and initiation of referrals being performed more frequently ($p < .05$) by PNP in primary care or school-based settings. Provision of case management, staff development, policy and program development, writing for publication, participation in research, system change activities, delegation of care and supervision of students was performed more often ($p < .05$) by PNP in hospital settings.

Forty-six percent indicated they were interested in doctoral education with 22% indicating interest in a PhD and 78% indicating interest in the Doctorate of Nursing Practice.

Conclusion: Pediatric Nurse Practitioners are highly educated and skilled additional pediatric health care providers and should be utilized to their fullest potential.

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PRIMARY CARE OF CHILDREN WITH SPECIAL HEALTH CARE NEEDS (CSHCN): AN HIERARCHICAL INTERVENTION FRAMEWORK FOR PROVIDERS

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Aims: Describe the primary health care needs of CSHCN and the role of the primary care provider in meeting these needs.

Method: Review the findings of the *National Survey of Children with Special Health Care Needs Chartbook 2005-2006*, USA, and pediatric care coordination literature. Propose a hierarchical intervention framework to address the overlapping

roles of primary care providers and pediatric specialty providers.

Results: CSHCN require health and related services beyond that required by children generally. An attempt to create "medical homes" for CSHCN has been only partially successful in meeting the goals of a community-based health care service system. A designated care coordinator in the "medical home", often a nurse, has been shown to increase care coordination and reduces fragmentation of services for CSHCN and their families.

CSHCN often have many health care providers involved in their care. Which of these providers should assume responsibility for providing coordinated, family-centered care that encompasses both primary care needs and specialty needs? A framework for determining 6 levels of primary care, including the knowledge base needed and skills needed for each level of care responsibility, has been developed to assist pediatric primary care providers and care coordinators determine which health care provider is responsible for comprehensive care.

Conclusion: CSHCN require both comprehensive primary health care and specialty care for optimal health. Fragmentation of care often results in health care needs not being met. A hierarchical framework for primary care would identify care responsibilities and foster comprehensive health care.

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WHY DO INFANTS SUCK ONLY ONE DIGIT/ DIGIT-COMBINATION OUT OF TEN?

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Across the mammalian spectrum newborn mammals will suckling body part fixate when there is maternal nipple deprivation. Mammals other than human will body part fixate by sucking on parts of their anatomy other than the thumb or fingers if they are flexible enough to do so, for example tail, penis, toe. Those animals not flexible enough to fixate on a body part of themselves will fixate on a body part of an adjacent animal if there is opportunity to do so, notably on ears or genitalia.

The oral tactile imprinting behaviour of mammals is supported not only by maternal structure, the