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**The Clinical Education of the
Nurse Practitioner Student:
What We Know,
What are the Gaps, and
Where Do We Go From Here?**

Faculty Disclosures

- ✧ I have no financial disclosures.
- ✧ I am the clinical education coordinator for the FNP track at Western University of Health Sciences, Pomona, California.

Objectives

- ✧ Acknowledge the current directives in nurse practitioner education.
- ✧ Review, compare, and contrast the current clinical education requirements at the state, certification, and schools of nursing levels.
- ✧ Identify and recognize the factors that exist in the literature that contribute to a meaningful clinical experience for the family nurse practitioner student.

Overview of NPs



Demographics

- ✦ In 2011, there were 180,233 NPs in the U.S.
- ✦ By 2025, the number of NPs is anticipated to increase by more than 33% to 244,000
- ✦ 52% work in Primary Care

NPs by Specialty

✦ FNP 48%

✦ WHNP 9%

✦ PNP 8.5%

✦ ACNP 5.6%

✦ GNP 3.2%

✦ ANP 19.3%

✦ (Recognizing that the new specialty designation for the specialties of ANPs and GNPs is combined as “Adult-Gero NP,” these are the currently reported specialty percentages.)

Future Projections for NPs

✧ Affordable Care Act (2010)

-14 Million Americans will gain healthcare coverage in 2014.

-30 Million Americans by 2021.

✧ Nurse Practitioners are identified as primary care providers for these Americans.

NP Education



Significance of Clinical Education

“The NP Core Competencies are acquired through mentored patient care experiences with emphasis on independent and interprofessional practice...” (NONPF, 2012).

“The clinical practicum component of the [nurse practitioner] program is essential for students to develop the clinical competency and skills required in APN roles” (Hinch, Murphy, & Lauer, 2005).

Regulatory Directives



Consensus Model

Educational Requirements:

- ✦ Prepare the graduate in one of the four APRN roles recognized by the model. (CRNA, CNM, CNP, CNS)
- ✦ Prepare the graduate in at least one of the six populations recognized by the model. (PNP, ANP, FNP, Adult-Gero, Neonatal, Psychiatric)
- ✦ Include three separate and broad-based graduate-level courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology.
- ✦ **Include a minimum of 500 faculty-supervised clinical hours in the role and population.**

(ANCC, 2013)

American Association of Colleges of Nursing (AACN)

The Essentials of Master's Education for Advanced Practice Nursing (2011).

- ❖ “The Three Ps” - advanced health/physical assessment, advanced physiology/pathology, and advanced pharmacology.
- ❖ The advanced practice nursing student who is prepared in any of the current direct care provider roles must receive sufficient clinical experience to provide depth and breadth in a given specialty or with designated population(s).
- ❖ AACN believes that all APN students who will practice in a direct client care role, make diagnoses, prescribe therapeutic regimens, and be accountable for these decisions, should have a minimum of 500 hours in direct clinical practice during the education program.

American Association of Nurse Practitioners (AANP)

“Didactic and clinical courses prepare nurses with specialized knowledge and clinical competency to practice in primary care, acute care and long-term health care settings” (2013).

American Nurses Association (ANA)

Nursing's Social Policy Statement (2010)

“Education, certification, and licensure of these individuals should be congruent with the role and population foci” (p. 19).

***Refers back to the Consensus Model*

National Organization of Nurse Practitioner Faculties (NONPF)

Criteria for Evaluation of Nurse Practitioner Programs

- ✧ The NP program/track has a minimum of 500 supervised direct patient care clinical hours overall.
- ✧ 500 hours may not be enough hours for the roles with multiple population foci such as the family nurse practitioner.
- ✧ Clinical hours must be distributed in a way that represents the population needs served by the graduate.

National Counsel of State Boards of Nursing (NCSBN)

Regulations of the ANP Practice, 1993 White Paper

“Educational preparation should encompass both knowledge and the clinical component unique to the specific advanced nursing role” (1993).

Chapter 18 – APRN Scope of Practice

“Clinical and didactic coursework must be comprehensive and sufficient to prepare the graduate to practice in the APRN role and population focus” (2012).

“Each instructional track/major shall have a minimum of 500 supervised clinical hours as defined by the BON. The supervised experience is directly related to the role and population foci, including pharmacotherapeutic management of patients” (2012).

National Task Force (NTF) on Quality Nurse Practitioner Education

“Clinical education should include experiences focused on patient type and mix appropriate to ensure the population-focus of the NP student meets competencies”
(2012).

Its the Same Message:

- ✧ Clinical hours-minimum of 500 first started in the 1990's.
- ✧ Patient foci-must have clinical hours in the areas of each population seen.
- ✧ Certification requirements should be considered.

This leads to the question.....

Where did the 500 Come from?

- ✦ There is a possibility it came from the certifying bodies although these hours too vary from 500-600.
- ✦ In 2008, Bray and Olson stated there was no published article on how the 500 hour requirement came to be.
- ✦ The literature continues to be void of the explanation.

Concern

With the plethora of detailed initiatives targeted towards NP didactic curricula, no such detailed directives contributing to clinical education are identified, thus the clinical component of NP education is far less detailed or standardized.

How do we ensure a meaningful clinical experience?

Literature Review



Family Nurse Practitioner clinical requirements: Is the best recommendation 500 hours?

-Bray & Olson, 2008

- ✧ The state requirements are based on the legal parameters.
- ✧ Changes in legislation have been precipitated by both legislation and the maturation of the role.
- ✧ Both the role and scope of practice have been affected by the changing healthcare arena.
- ✧ Clinical hour requirements have been noted to vary for many years with the ranges from 540 to 825 clinic hours.
- ✧ Faculty plan and implement the clinical hour requirement.

Family Nurse Practitioner clinical requirements: Is the best recommendation 500 hours?

-Bray & Olson, 2008

- ✧ Information to direct faculty and programs is extremely limited as to the hours, patient populations and distributions needed to prepare the FNP.
- ✧ Less is published on amount or type of experience that significantly impacts the trajectory of the FNP student to competent FNP graduate.
- ✧ The authors asked, “Should the FNP programs be competency based or have a minimum number of patients of various ages and diagnoses required rather than have a requirement for a minimum number of clinical hours?”
- ✧ The 500 clinical hour minimum requirement for FNP programs lacks validation in evidence-based research.

How well are nurse practitioners prepared for practice: Results of a 2004 questionnaire study.

-Hart & Macnee, 2007

- ✧ Aimed “. . . to evaluate NPs’ perceived preparedness in select clinical areas and their thoughts on the importance of these areas to basic NP education.”
- ✧ 10% felt they were well prepared for clinical practice.
- ✧ 51% stated they were minimally or somewhat prepared for practice.
- ✧ One of the authors’ findings clearly identified that “NPs desire a more rigorous clinical education...”
- ✧ 87% desired a clinical residency program.

Where Do We Go From Here?



Research Needed!

Determination of Hours

- ✧ Data collection on clinical hours.
 - total number?
 - specialty specific?
 - What is the significance?
- ✧ Uniform clinical hour requirement.
 - If the 3Ps are in sync, why not clinical hours?

Population Focus

FNP

- ✧ Pediatrics
 - ✧ Adult
 - ✧ OB/GYN
 - ✧ Geriatric
-
- ✧ What are the magic numbers?
 - ✧ Are any more important?

Disease Focus

FNP

- ✧ DM?
 - ✧ HTN?
 - ✧ CAD?
 - ✧ Hypercholesterolemia?
 - ✧ Back Pain?
-
- ✧ How do we determine the most significant disease exposure for the student?

Student Population

- ✧ Years experience as a RN has not been proven to impact role transition; further data needed?
- ✧ RN clinical experience prior to program?
- ✧ MSN vs DNP Entry to Practice?
- ✧ Personality Impact.

Preceptor Impact

- ✧ Availability?
- ✧ Years of experience?
- ✧ Teaching background?
- ✧ Personality Impact?

Clinical Site

- ✧ Teaching Facility vs Private Office.
- ✧ Office Staff/Personnel Impact of Experience?
- ✧ Drive Times?
- ✧ Access to EMR?

Other Considerations

- ✧ Impact of hand documentation of patient encounter vs. EMR.

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