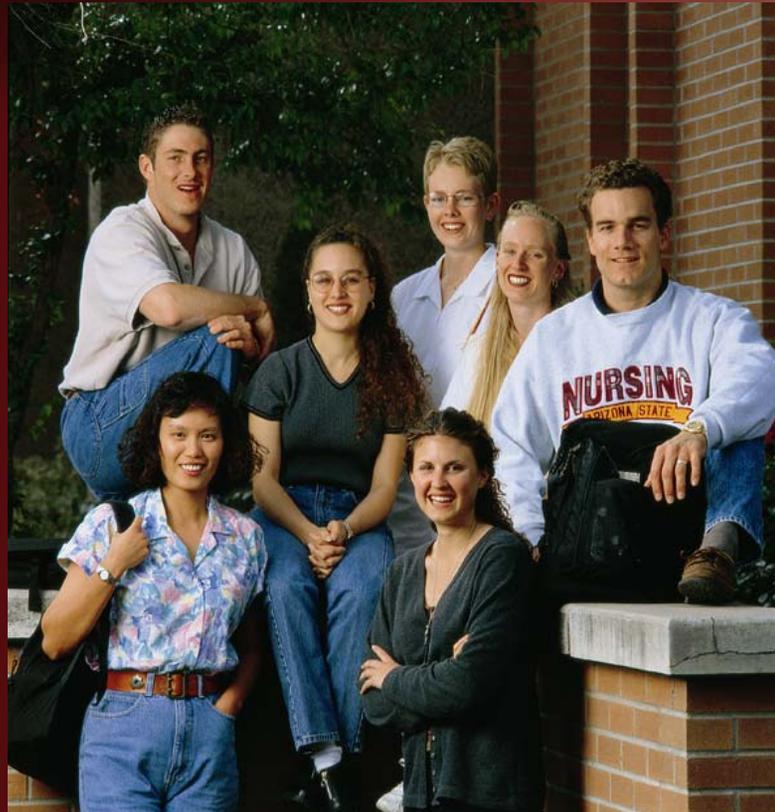


# FOUNDATIONS OF NURSE PRACTITIONER PRACTICE: SPECIALTY AREA EDUCATIONAL PREPARATION AND COMPETENCIES



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# WHO IS A NURSE PRACTITIONER?

- The development of the role of the nurse practitioner since it was conceptualized and implemented has shaped and revolutionized nursing education and clinical practice.
- Nurse practitioner education is the major component of graduate nursing with nearly 53% of master's level students enrolled in NP programs offered in over 325 institutions

# THE HISTORY OF NURSE PRACTITIONER PRACTICE AND EDUCATION

- The NP role is the most recent advanced practice role for nursing.
- It was developed in the 60's in response to needed changes in the health care environment and in the education of graduate nurses

- As technology was driving the need for knowledge, information systems begin to emerge, and the pace of life was accelerating in the 1960's.
- There was a large mal-distribution of health resources and physicians during a time that society was concerned with the need to provide healthcare for everyone.

- A window of opportunity was opened for professional nursing during this time and pushed by the Western Interstate Commission on Higher Education for Nursing Clinical Content and Master's preparation in Community Health Nursing.
- The nurse practitioner movement was started in 1965 at the University of Colorado with a post-master's student to work in an expanded role to see if Community Health Nurses could competently care for the well child.

- This was not a medical model for Advanced Practice Nursing, as it was fashioned after the nursing professions criteria for clinical practice as set forth by the ANA.
- “The emphasis was on professional, direct client care, health and wellness, collegiality with physicians, and was prevention-oriented, including consumer education”
- It was designed to establish the educational model of the post-baccalaureate academic standard and started as a certificate program.

# Loretta Ford's 7 Myths Regarding Nurse Practitioner Practice

- The development of the NP role was solely in response to a proclaimed physician shortage existing at the time.
- NP education and practice is a medical model with nurses performing as junior physicians.
- The 3<sup>rd</sup> myth focuses on the educational pattern followed to prepare NP's suggesting that short-term continuing education courses were the educational pattern used to prepare NP's from any nursing background.

- Innovations in the expanded role came from professionals other than nurses.
- Physician Supervision is necessary for NP practice.
- Acceptance or lack of acceptance by physicians and patients.

- Typical of other advanced practice roles (i.e. midwifery and nurse anesthesia) the ANA and the Schools of Nursing did not support the NP role initially.
- Faculty were more interested in preparing CNS's and were slow to do more than challenge the ideas and the few faculty in practice feared medical control.
- Therefore the NP movement like the midwives and anesthesiologists went outside the profession and sought support from the AAP for initial sponsorship and certification.

- Despite the long history it was not until 1990 that the National Association of Nurse Practitioner Faculty (NONPF) in conjunction with other NP organizations like NAPNAP, created the first set of Domains and Competencies for Nurse Practitioner Practice.
- In 1995 the first Curriculum Guidelines and Program Standards for Nurse Practitioner Education was published.
- This document was revised in 2000 and again this year in 2006 which is available at [www.nonpf.org](http://www.nonpf.org)

- 1994 that the AACN established a task force to develop the essential elements of master's education for all advance practice roles in nursing.
- The final document was not published until 1996

- Today the NP is clinically competent and has continued to expand into new settings and to move from the primary care, public health/community health model with a health promotion/prevention focus to a focus that includes the family, adult, geriatric, women's health, neonatal, psych, and adult and pediatric acute care.

# WHY IS THIS IMPORTANT TODAY?

- Currently we have another window of opportunity that will bring all advanced practice nurses closer together in their thinking and their practice.
- The DNP for the first time is using education to shape clinical practice, as once again nurses struggle to meet the changing demands of the health care system.

- The DNP is designed to overcome the nursing profession's history, medicine's concern for competition, the lack of acceptance of nursing both externally and internally as a discipline with its own body of knowledge, and by the tendency toward a lack of mutual support and collaboration as each advanced practice nursing domain has moved forward.

What defines  
the nurse  
practitioner  
scope of  
practice?



As a nurse practitioner your scope depends upon your basic education as a nurse combined with additional specialized education and training.

# INFLUENCES ON SCOPE OF PRACTICE

- Fluctuations in the health care workforce as we continue to face a national and international shortage of nurses and nursing faculty
- Changes in what is within the scope of specialty practice (i.e. the “Adult” with CF)
- Geographic and economic disparities in access to health care services
- Economic incentives
- Consumer demand
- The advance of technology

# WHAT ISSUES DOES THE DNP RAISE FOR REGULATION?

- The DNP acknowledges that more knowledge is needed for safe practice as patients that only 2- 4 years ago were in the PICU as ventilator dependent are now sitting in the school classroom.
- Critical patients are living longer and are moving back into the community.
- New NP roles will need to be developed to manage the changing needs of a poorly staffed and managed healthcare system.

- The Master of Nursing degree is written into the language of the law for NP's in Arizona.
- How does the BRN keep the public safe while allowing nurses to keep up with the changing health care scene during their career?
- How should continuing competence be measured?
- Should NP's be allowed to expand his or her competencies within his or her scope? Does it change the scope of practice?
- How should APN's moving in from other States be allowed to demonstrate their competency to practice in Arizona as the scope of their practice changes?
- How should NP's who are returning to the workforce after an absence demonstrate their competency to practice?

WILL THE DNP BE ABLE TO  
ANSWER SOME OF THESE  
QUESTIONS OR JUST CREATE  
MORE PROBLEMS?



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**“My team is having trouble thinking outside the box. We can’t agree on the size of the box, what materials the box should be constructed from, a reasonable budget for the box, or our first choice of box vendors.”**

# REFERENCES

- J.S. (2005). Advanced practice nursing.
- C.B. (2004). Nurse Practitioner's business practice and legal guide.
- T.K. (2006). Scope of practice and the nurse practitioner: Regulation, competency, expansion and evolution <http://www.medscape.com>
- The essentials of masters education for advanced practice nursing, American Association of College of Nursing
- Domains and competencies of Nurse Practitioner Practice, NONPF, 2006.