

How to become a competent Family Nurse Practitioner?

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CONSENSUS MODEL

The US Consensus Model: Rationale

- Concern about certification, licensure and mobility of advanced practice nurses (APRNs) in the US
 - APRN practice controlled by states
- 2008 National Council of State Boards of Nursing with support of 48 professional organizations produced the APRN Consensus Model

Consensus Model

- Defined APRN roles
- Designated populations foci for programs
- Mandated that all programs must at the graduate level
- Mandated that all programs must be accredited
- All program must have separate graduate-level 3-P courses:
physical assessment, pharmacology and physiology/
pathophysiology

Consensus Model

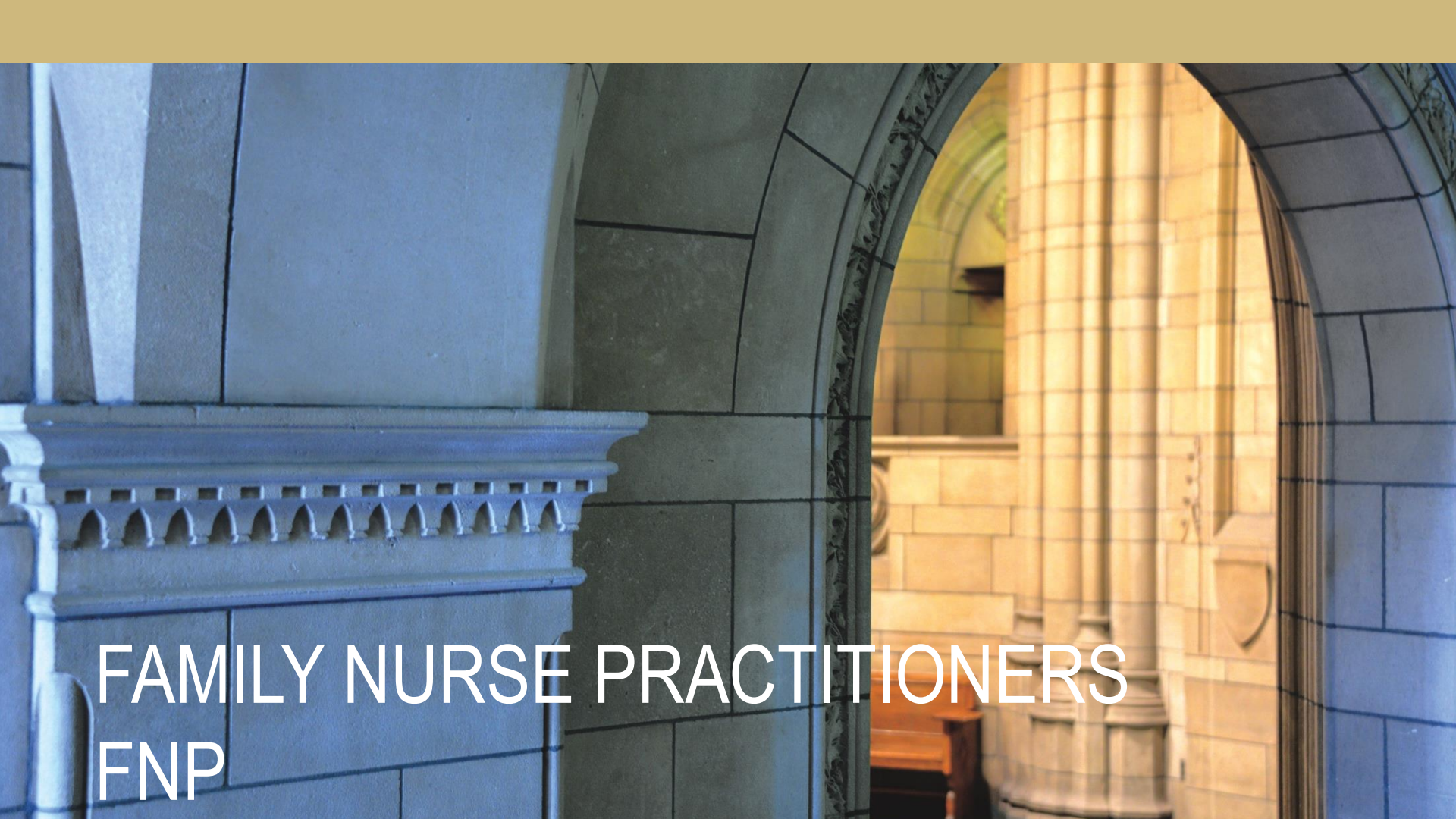
- All graduates must be eligible for national certification
- Education, certification, licensure and practice must be aligned
- Independent practice
- Independent prescribing

Consensus Model

- Adopted to variable degree by states
- Major impact on education of NPs
- Impacting where NPs can practice
 - In the past many NPs were prepared in one area of practice but worked in different one

Education Options for NPs in the United States

- Master's programs (MSN)
- Doctorate of Nursing Practice (DNP) programs
- Certificate programs
 - Designed for NPs who want to change or expand their scope of practice



FAMILY NURSE PRACTITIONERS

FNP

FNP Educational Competencies

- Defined by the National Organization of Nurse Practitioner Faculties (NONPF)
 - Core + specialty
- Endorsed by our accreditation body – CCNE
- Define the competencies graduates must have
- We crosswalk our curriculum to be sure all are met across the courses that are part of our program

The graduate of an FNP program is prepared to care for individuals and families across the lifespan. The FNP role includes preventative healthcare, as well as the assessment, diagnosis and treatment of acute and chronic illness and preventative health care for individuals and families. Family nurse practitioners demonstrate a commitment to family – centered care and understand the relevance of the family’ s identified community in the delivery of family-centered care.

(NONPF, 2013)

FNP Preparation

- 3-P course with across the life-span focus
- Didactic and clinical content
 - Breath of preparation – birth to old age
 - Health promotion
 - Diagnosis and management of common health problems
 - Practice focus – primary care in the community

How do we ensure this at Pitt?

- Our 3-P courses
 - Pathology Across the Lifespan
 - Advanced Pharmacology Across the Lifespan
 - The Diagnostic Physical Exam Across the Life Span

How do we ensure this at Pitt?

- Focus on the diagnostic process
 - Starts in the diagnostic physical exam course
 - Continues with
 - Didactic course on the differential diagnosis of common presenting complaints across the lifespan
 - 120 hour clinical course where students develop skills in the diagnostic process: evaluating presenting symptoms , developing differential diagnoses and selecting the correct diagnosis
 - Clinical diagnostics course focusing on ordering an interpreting select diagnostic tests

How do we ensure this at Pitt?

- Didactic course focusing on health promotion and disease prevention
- Didactic family theory course

Preparation to care for children

- Didactic well-childcare course
 - Focus: theories and concepts relevant to the delivery of care to well children, anticipatory guidance and management of developmental and behavior issues
- Didactic adolescent theory and management course
 - Focus: adolescent and young adult development and the diagnosis and management of common health issues in this population

Preparation to care for children

- Didactic pediatric management course
 - Focus: diagnosis and management of acute and chronic pediatric health problems commonly seen in primary care settings
- Clinical pediatric management course
 - 240 hours in a pediatric primary care setting where students have an opportunity to manage well child care as well as to diagnose and manage common acute and chronic pediatric health problems
 - Preceptors: nurse practitioners or physicians

Preparation in the care of adults

- Didactic course focusing on the diagnosis and management of common acute and chronic health problems seen in primary care settings
- Clinical adult acute and chronic disease management course
 - 300 hours in an adult primary care setting where students have the opportunity to learn to diagnose and manage common acute and chronic primary care health problems
 - Preceptors: nurse practitioners or physicians

Preparation to care for adults

- Didactic course in women's health
 - Focus: diagnosis and management of common women's health problems in primary care
- Didactic course in geriatric health
 - Focus: diagnosis and management of geriatric health care issues in primary care

Preparation to care for psychiatric disorders in primary care settings

- Didactic psychiatric mental health course
 - Focus: the diagnosis, management and referral of patients with common psychiatric-mental health disorders
 - Across the lifespan focus

How we ensure that students are prepared with the clinical skills needed to enter practice as an FNP?

- All students complete a minimum of 1080 precepted clinical hours
 - 120 focusing on differential diagnosis
 - 240 in a pediatric primary care setting
 - 300 in an adult primary care setting
 - 420 additional hours
 - Ideally some are in a family practice setting
 - Allow for some personalization based on the student's career goals

What changed when we moved from master's to DNP preparation?

- Additional clinical content, e.g., added the psychiatric mental-health and adolescent courses
- Addition of content on health care delivery, leadership, finance, ethics, policy, informatics, and genetics
- Addition of a scholarly project and coursework to prepare the student to design, implement and evaluate the project



NP CERTIFICATE PROGRAMS

NP certificate programs

- Designed for nurse practitioners who want to change or expand their population focus
- The Consensus Model requirement to align educational preparation, certification, licensure and practice has greatly increased interest in these programs
- Variable in length and content with students generally only having to complete content related to the specialty in which they want to be certified

NP certificate programs

- In the US, the largest proportion of mismatched NPs are those whose original preparation was in primary care (FNP, adult NP or pediatric NP) but who are working in acute care settings



THANK YOU!

QUESTIONS???

References

- Stanley, JM. Impact of new regulatory standards on advanced practice registered nursing: The APRN Consensus Model and LACE. *Nursing Clinics of North America* 2012; 47: 241-250.
- Population-Focused Competencies Task Force, National Organization of Nurse Practitioner Faculties. *Population-Focused Nurse Practitioner Competencies: Family/Across the Lifespan, Neonatal, Pediatric Acute Care, Pediatric Primary Care, Psychiatric-Mental Health, Women's Health/Gender-Related*. 2013;
<https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/Competencies/CompilationPopFocusComps2013.pdf>