

Role Development Analysis: Nurse Practitioner

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Since the mid-1960's, nurse practitioners (NPs) have played an essential part in healthcare delivery. NPs can order tests and lab work, diagnose and treat acute and chronic conditions, prescribe medications, and educate and counsel patients. NPs provide comprehensive and cost-effective care to a variety of patient populations in a multitude of settings (Blackwell & Neff, 2015). Ultimately, NPs offer quality healthcare and improve patient outcomes by focusing on health promotion, education, and disease prevention.

Family Nurse Practitioner

The family nurse practitioner (FNP) provides healthcare for people of all ages, offering family-centered care. The first FNP program, PRIMEX was established in 1971 at the University of Washington. The FNP identifies symptoms of acute and chronic symptoms across the lifespan, assists families with lifestyle adaptations, coping mechanisms, and performs minor procedures. The FNP-patient relationship is key to facilitate family decision making and assisting patients with their specific family needs, while always showing commitment to caring for the entire family (Chouinard et al., 2017).

Educational Background and Certification

FNPs must obtain a master's or higher degree in nursing from an institution with a curriculum that is qualified to prepare nurse practitioners. NPs who completed a BSN and certificate program prior to 1996 are exempt from the master's degree requirement. As healthcare evolves, educational requirements follow suit, moving from certificates offered through continuing education programs to graduate programs offering master's and doctorate degrees (Joel, 2018). The American Association of Colleges of Nursing (AACN) recommended in 2004 that the Doctor of Nursing Practice (DNP) be the new standard for NPs by 2015. While

the DNP degree is not required for FNPs to practice at this time, it likely will be in the near future (Joel, 2018).

Nationally, FNPs must pass a board-certified exam through either the American Association of Nurse Practitioners (AANP) or the American Nurses Credentialing Center (ANCC) and attain 500 clinical hours in an accredited graduate program. Like all advanced practice nurses in the state of Alabama, the FNP must hold a valid Alabama registered nurse (RN) license and an advanced practice specialty certification to apply for Board approval. For the FNP to renew their APN license- which is done every two years along with their RN license, they must complete six contact hours of pharmacology continuing education in addition to the 24 hours required for the RN license renewal. Proof of current national certification must be provided to the Alabama Board of Nursing (ABN) at the time of the APN renewal (Blackwell & Neff, 2015).

Role as an Advanced Practice Nurse

Advanced practice nursing has many roles in healthcare today, with one role being fulfilled by the NP. NPs are the largest group of advanced practice registered nurses (APRNs). The roles of an FNP as related to an APRN include evidence and research-based practice, diagnostic reasoning to develop a plan of care, and patient care management. Studies have found that care provided by APRNs, specifically NPs, was comparable to, and in some respects better than care provided by physicians alone (Joel, 2018). As APRNs, the FNP provides continuous, comprehensive care throughout the lifespan in a diverse number of settings.

Scope of Practice

Scope of practice establishes what patient can and cannot be seen, who the FNP can treat, and the circumstances in which care may be provided. State law governs and regulates the FNP

on requirements of supervision or collaboration, prescriptive authority, reimbursement, educational requirements, and practice standards. Although the state regulates the scope of practice, typically the scope of practice includes diagnosis and treatment, history and physical examination, prescribing medications, ordering and interpreting diagnostic tests, counseling and educating, performing invasive and noninvasive tests, and referrals (Blackwell & Neff, 2015).

Prescriptive Authority

Prescriptive privileges for FNP's vary from state to state. In the state of Alabama, NPs must apply to the ABN for authorization to prescribe formulary drugs and must have an approved agreement with a collaborating physician. Within the scope of their prescriptive privileges, FNP's are able to prescribe medications while ensuring that the medications prescribed fit the population such as children, pregnant women, and older adults (Christian et al., 2007).

Collaborative Practice

Collaboration is considered as one of the most important forms of interaction in the delivery of safe, quality and efficient care of patients. The requirements for collaborative practice by physicians and APNs vary from state to state. According to the Alabama Board of Nursing, the state of Alabama requires that the collaborating physician must provide not less than 10% direct supervision of the APNs scheduled hours in the collaborative practice (Ehrhardt, 2009).

Practice Settings

The FNP typically practices in ambulatory care settings, but they are permitted to practice in a variety of settings such as an urgent care, intensive care unit, acute care setting, and subacute care. In these settings FNP's may evaluate a patient's mental health, perform a functional assessment, identify family health needs, and plan appropriate interventions that promote health

and well-being (Christian et al., 2007). FNP's are unique and vital care givers in that they can see the entire family and incorporate care appropriate for everyone.

Family Nurse Practitioner Versus Other NP Specialties

NPs can specialize in areas of practice including, but not limited to, family, women's health, adult health, and pediatrics. For each of these areas, the roles could differ, as well as practice settings, specialized education and certifications required, and scope of practice. Basic educational background, prescriptive authority and collaborative practice are essentially the same for all NPs, no matter the specialty, in the state of Alabama.

Women's Health Nurse Practitioner

Women's Health NPs (WHNPs) utilize evidence-based practice to guide their practice in promoting health and well-being to women of all ages. WHNPs provide prenatal and postnatal care, parenting and lactation advice, family planning management, infertility treatment, and gynecological care to women across the lifespan. WHNPs offer vital services to women, ranging from primary care to specific women's health needs (Davidson, 2015).

In diagnosing, the WHNP uses the same process as other NPs, and is also able to perform pap tests, sexually transmitted infection testing, and post coital tests. They order and interpret testing including mammograms, ultrasounds, endometrial biopsies, fetal assessment tests, and age appropriate screenings. For the WHNP, emphasis in diagnosing is placed on gynecologic and reproductive health ranging from puberty to menopause and beyond. They can also insert intrauterine and implanted contraception devices and manage women and fetuses throughout pregnancy (Fontenot & Hawkins, 2011).

Core concepts included in the curriculum for the WHNP may include perinatal care, gender/women's health, women's health across the lifespan, and primary care of adolescents.

Like the FNP, the WHNP must have a current RN license, complete an accredited graduate NP program, and obtain an APRN license. The WHNP obtains additional women's health certification through the National Certification Corporation (NCC). WHNPs are different from Certified Nurse Midwives, as they follow women's health throughout the lifespan, not just perinatally. The WHNP may be required to attain additional certification in fetal monitoring. They can work in a variety of areas to include women's health clinics, health departments, hospitals, and primary care clinics (Davidson, 2015).

Adult Gerontology Nurse Practitioner

Much like the FNP, the adult gerontology NP (AGNP) offers direct healthcare services and focuses on health promotion, disease prevention, and treatment plans focusing on adults. The AGNP may evaluate the functional status of the patient, social relationships, and the ability to return to work after an illness. They obtain health histories, perform system and symptom physical exams, evaluate mental health, violence and substance abuse, as well as assessing patients for home, recreational and occupational exposures affecting health (Bond et al., 2013).

Life changes that impact a person's life such as marriage, divorce, death, employment, and retiring are taken into consideration by the AGNP. In planning and implementing treatment, the AGNP focuses on age appropriate health promotion while incorporating prevention for work-related issues and evidence-based practice to promote positive health outcomes. A unique role of the adult gerontology NP is helping adults in their decisions regarding advanced directives, durable power of attorney, and transitions into older adulthood (Lestishock et al., 2018).

The AGNP may practice in critical care units, emergency care, oncology, internal medicine, hospitals, and primary care clinics. Many graduate NP schools offer a specialty curriculum track designed for the AGNP. Professional certification is usually required of the

adult gerontology NP and can be obtained through the ANCC or the AANP, and the AGNP may also have to obtain certification in Advanced Cardiovascular Life Support (ACLS) (Bond et al., 2013).

Pediatric Nurse Practitioner

Pediatric NPs are unique in that they analyze different factors that could affect the development and growth of a child to include genetics, parenting styles, cultural influences, prenatal factors and environmental factors. They are vital caregivers for children and help parents assess whether their child is healthy and on target with growth and development. From neonates to adolescents, health risks such as immunization status, family history, nutritional status, social support, environmental factors and risk-taking behavior are all assessed by the pediatric NP.

The pediatric NP develops the diagnosis and treatment plan in a similar fashion to the FNP. They must be able to determine the family and patient's knowledge of health behaviors such as physical activity, substance abuse, eating disorders, mental health, and overall access to care because without proper knowledge of these common issues, the patient's health could be placed in jeopardy (Lestishock et al., 2018). Communication is key, as the pediatric NP must communicate in a way that not only reaches the child, but the parent too.

NPs can become certified pediatric NPs through the Pediatric Nursing Certification board, upon completion an accredited graduate program. Pediatric NPs may also be required to obtain certification in Pediatric Advanced Life Support (PALS). They may practice in pediatric nursing and intensive care units, neonatal intensive care units, as well as pediatric clinics and primary care clinics (Blackwell & Neff, 2015). Pediatric NPs are beneficial for children and

guardians alike, allowing them to see how various factors play into the patient's growth and development until adulthood.

Scope of Practice Issues Related to Practice

The requirements for collaborative practice by physicians and NPs in the state of Alabama has been and continues to be a barrier in the regulation and scope of practice of Alabama NPs. NPs are highly educated and prepared to practice autonomously and can do so in many states. Although there were 148,000 nurse practitioners in the United States in 2011, only 1,400 were practicing in Alabama. More restrictions are placed on Alabama NPs than most other states (McCreless, 2011). In July of 2013 there were 17 states which allowed NPs to practice without the direct supervision from physicians (Fontenot, 2014). Many of the rural areas in Alabama are in dire need of primary health care services, but fewer than 20% of Alabama's physicians choose to practice in rural, underserved areas, preventing NPs from serving these areas due to the collaborative mandate (McCreless, 2011).

NPs are highly skilled providers after completing a graduate level educational program along with vast clinical experiences and are trained to provide a broad range of primary healthcare and specialty healthcare services. NPs must pass a national board certification exam to qualify for licensing in Alabama. The laws preventing Alabama NPs to practice primary care independently hinder their ability to reach their full scope of practice, especially in underserved, rural areas. The restriction for writing narcotic prescriptions is another barrier for the APN in providing primary services to patients who may be suffering a chronic illness.

Scope of Practice Issues Related to Evolution

Although NPs are expected to be one of the possible solutions to the primary care provider shortage, the restrictions placed on their scope of practice may worsen provider

shortages, especially in rural Alabama, preventing NP role evolution. Each state has specific regulations that are constantly evolving. The Alabama legislature should abolish the 10% collaborative mandate to alleviate provider shortages, reduce health care costs, and allow NPs to expand their scope of practice. If the collaborative mandate remains, these rural areas will continue to experience inadequate access to health care because there will be few physicians readily available to provide the direct supervision of NPs (Christian et al., 2007).

According to the National Association of Clinical Nurse Specialists, there are costs involved in securing and maintaining a collaborative practice agreement between the NP and physician (NACNS, 2014). These costs can cause the fees for services to increase which can interfere with access to health care for many consumers. NPs tend to provide primary care services at relatively lower costs than physicians. For many patients, especially in rural areas, being able to afford health services is a key factor in acquiring medical care. NPs provide primary care to patients, but Alabama NPs aren't recognized as primary healthcare providers and cannot be reimbursed directly for their services from insurance companies Medicaid and Medicare (Ehrhardt, 2009).

Quality of care, access to care, and healthcare costs can all be negatively affected by preventing NPs from practicing to their full competence. The removal of the collaborative restrictions placed on Alabama NPs will help alleviate provider shortages, reduce health care costs and will allow NPs to expand their scope of practice, especially in underserved populations. The relationship between NPs and collaborative physicians must include mutual trust, respect, and a clear understanding of the scope of practice. Collaboration is essential in the delivery of primary health care services, but it does not have to be monitored in a formal agreement between

NPs and physicians (Ehrhardt, 2009). NPs are not trying to replace physicians, they are simply providing safe, effective, quality care while improving access to care and patient outcomes.

Personal Role Transition

Transitioning from an RN to an NP student is a task I undertake daily. As an RN, I still hold a part-time job in labor and delivery and teach clinical for a local college, while also a full-time student pursuing a graduate NP/Nurse Educator degree at the same time. When deciding to go back to school for my MSN, I had to plan as to how I would transition from an RN to a NP student. I began by deciding to move back home to save money, as I did not foresee being able to continue a full-time job while being a full-time student, obliging me to take a loss in income. The transition from RN to NP student is still a daily one, as I must perform as an RN by day at work, and as an NP student by night at home completing coursework, as well as in clinicals.

Through the transition from RN to NP student, I have utilized several the NP core competencies. Technology and Information Literacy has been the competency that I have used the most in the NP student role. The MSN program has equipped me with the knowledge to adequately use the library's resources for assignments, as well as given me access to priceless clinical tools such as Medatrax and uCentral. Through the Evidence-based practice (EBP) courses of the MSN program, the competencies of Scientific Foundations and Leadership were presented to me. I learned to critically analyze evidence and data and translate that research to improve practice processes and patient outcomes through my EBP project. I was also able to communicate practice knowledge from my EBP project effectively both orally and in writing at the research symposium (Kaplan, 2010).

My next transition will be from the NP student to the practicing NP role. I will continue to incorporate the competencies mentioned above, but I will also utilize the remainder of the NP

competencies throughout my NP and nurse educator careers. I plan to incorporate the competency of Quality as an extension of the skills gained in the EBP course. I will use the best evidence to improve the quality of my clinical and educational practices, therefore improving patient care and student learning. In the NP role, it will be essential to utilize both the Policy and Health Delivery Systems competencies. I will demonstrate Policy by continuing to be an advocate for my patients, promoting access to affordable, quality care. I will be utilizing the Health Delivery Systems competency in my collaborative practice with a physician, seeking guidance and assistance with diagnoses and treatment plans across the continuum of care (Kaplan, 2010).

Conclusion

NPs can fill the roles of being a healthcare provider to all types of people. Whether it is a family, adult, pediatric, or women's health NP, patients are sure to find an NP to fit their personal health needs. NPs provide patient-centered, holistic, cost-effective, high-quality care to patients, offering a solution to the shortage of primary care providers in the United States. The scope of practice for NPs is constantly evolving, moving forward in allowing NPs to practice to their full potential managing acute and chronic illnesses. As healthcare continues to evolve, more NPs will be utilized to treat patients of all ages, backgrounds, and conditions.

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Criteria	Points	Points Earned	Comments
ABSTRACT/INTRODUCTION			
Introduction and Brief Overview of PCNP/FNP role	5		
BODY OF THE PAPER			
<ul style="list-style-type: none"> Detailed description of PCNP/FNP to include: <ul style="list-style-type: none"> Educational background/degree; Role as an APRN; Scope of Practice; Certification; Prescriptive Authority; Collaborative Practice Practice settings (potential) Identify one of the following advanced practice registered nursing (APRN) roles to profile: <ul style="list-style-type: none"> Clinical Nurse Specialist Certified Registered Nurse Anesthetist Certified Nurse Midwife Acute Care NP, Neonatal NP, Pediatric NP, Women's Health NP, Psychiatric NP, etc Compare and Contrast PCNP/FNP practice role to one of the self-identified APRN roles profiling the role components, skill and certification requirements, and practice settings, in addition to the components listed above in the PCNP role. 	15		
<ul style="list-style-type: none"> Discuss regulation/scope of practice past and current <u>issues</u> related to PCNP practice 	15		
<ul style="list-style-type: none"> Synthesizes how regulatory/scope of practice <u>issues impact</u> PCNP role evolution 	10		
<ul style="list-style-type: none"> Describe your plan for transitioning from RN to NP student, then from NP student to NP role. Discuss how you will incorporate at least 3 of the 9 NP Competencies to accomplish these transitions. 	15		
CONCLUSION	5		
Summarize key points of the paper			
<ul style="list-style-type: none"> Integrates evidence from literature (must use at least 5 references published within last 5 years) Proper Syntax, paper organization, clarity of thought, flow, grammar, spelling, punctuation, sentence structure, length, and APA writing style. USE HEADINGS AND SUBHEADINGS Submitted on 5-8 pages (excluding title page and references). 	20		
TOTAL POINTS	100		