

National Study of Clinical Education in Family Nurse Practitioner Programs

Kristina Thomas Dreifuerst PhD, RN, CNE, ANEF, FAAN
Marquette University

Angela McNelis PhD, RN, CNE, ANEF, FAAN
George Washington University

Darrell Spurlock Jr. PhD, RN, NEA-BC, ANEF
Widener University

The authors acknowledge the National Council of State Boards of Nursing for their support of this work through a Center for Regulatory Excellence Grant Project #R100010

Introduction

- ▶ Family nurse practitioners (FNPs) care for patients across the lifespan.
- ▶ Rigorous educational preparation that includes diverse clinical experiences is necessary to ensure competent and safe practice.
- ▶ During clinical experiences, learning outcomes are presumed to be met, yet exploration of what actually happens has not been conducted.

Aim

- ▶ Describe the types, frequency, and depth of direct patient care experiences of FNP students in the United States.

Methods

- ▶ A cross-sectional, observational, complex samples survey design was used to collect data from students enrolled in or affiliated with accredited FNP programs.

Instrument

- ▶ 33-item investigator-developed, inventory-type survey containing four sections.
 - ▶ The first section was demographic and professional information such as age, years of experience in nursing, clinical area of practice, and geographic information.
 - ▶ The second section was information about the educational program including program type, delivery method (e.g., online, hybrid, and face-to-face), and details about clinical experiences.
 - ▶ The third section addressed four domains in which FNP students likely participate in educational experiences: assessment, diagnosis, treatment, and evaluation.
 - ▶ The survey included 84 specific tasks across the four domains of assessment, diagnosis, treatment, and evaluation, and in the populations of pediatric, adult, and gerontological clients

Demographics

- ▶ 3,940 students completed the survey
- ▶ Consistent with national trends, 78% (n=3070) reported they were female and 22% (n=848) reported they were male.
- ▶ Data are representative of trends in age of nurse's educational level within the discipline, with 72% (n=2840) reporting they were 25-34 years old ($X = 32.4$, $SD = 7.27$).
- ▶ The participants also well-represent FNP programs across U.S. regions proportional to their availability in the various urban and rural states in the country.
 - ▶ 50% came from the large middle sections (north and south) of the country, where there are larger FNP programs.
 - ▶ 32% came from the eastern sections of the country (north and south) where there are many programs but smaller class sizes.
 - ▶ 18% came from the rural western regions (north and south) where programs are both fewer and have smaller class sizes.

Findings

| Clinical Task | Frequency | | | | |
|---|-----------|-----------|-----------|------------|------------|
| | Never | 1-2 times | 3-6 times | 7-10 times | > 10 times |
| ASSESSMENT | | | | | |
| Adult | | | | | |
| Assessing patient for pain | 19 | 212 | 452 | 416 | 2842 |
| Obtaining a comprehensive health history | 30 | 17 | 98 | 1214 | 2581 |
| Obtaining a focused health history | 22 | 6 | 781 | 96 | 3035 |
| Performing a comprehensive physical exam | 31 | 411 | 376 | 362 | 2760 |
| Performing a focused physical exam | 19 | 8 | 176 | 813 | 2925 |
| Performing a mental health assessment | 115 | 225 | 1071 | 399 | 2129 |
| Performs age-appropriate screenings (e.g., developmental, hearing, vision, oral health, genetics) | 71 | 282 | 835 | 375 | 2378 |
| Geriatric | | | | | |
| Assessing patient for pain | 24 | 233 | 498 | 368 | 2817 |
| Obtaining a comprehensive health history | 34 | 49 | 1013 | 468 | 2377 |
| Obtaining a focused health history | 24 | 407 | 74 | 838 | 2596 |
| Performing a comprehensive physical exam | 37 | 62 | 452 | 669 | 2720 |
| Performing a focused physical exam | 21 | 45 | 473 | 780 | 2621 |
| Performing a mental health assessment | 143 | 902 | 578 | 592 | 1725 |
| Performs age-appropriate screenings (e.g., developmental, hearing, vision, oral health, genetics) | 91 | 113 | 610 | 486 | 2639 |
| Pediatric | | | | | |
| Assessing patient for pain | 69 | 138 | 1306 | 315 | 2112 |
| Obtaining a comprehensive health history | 92 | 111 | 1017 | 671 | 2049 |
| Obtaining a focused health history | 47 | 67 | 303 | 965 | 2559 |
| Performing a comprehensive physical exam | 71 | 490 | 254 | 721 | 2404 |
| Performing a focused physical exam | 44 | 61 | 868 | 475 | 2492 |
| Performing a mental health assessment | 444 | 671 | 945 | 582 | 1298 |
| Performs age-appropriate screenings (e.g., developmental, hearing, vision, oral health, genetics) | 76 | 283 | 445 | 1015 | 2120 |

Findings

- ▶ The sample of 3,940 students completing the survey were geographically distributed and representative of U.S. programs.
- ▶ Across all populations (adult, geriatric, pediatric), the most common tasks students reported never experiencing were:
 - ▶ performing a mental health assessment
 - ▶ ordering diagnostic tests
 - ▶ performing primary care procedures (e.g., wart removal, suturing, cerumen)
 - ▶ evaluating treatment and educational outcomes related to chronic pain.
- ▶ Although, significant numbers of students reported never experiencing some clinical tasks in each domain and/or with each patient population, others reported doing some tasks more than ten times.

Limitations

- ▶ Reliance on students' recall of their clinical experiences.
- ▶ Potentially biased data based on responses due to self-selection of respondents to survey solicitation, and/or program administrator's willingness to disseminate the study information and link to their students.
- ▶ Potentially omitting recently accredited schools (and therefore respondents) which were not yet included on published lists might have narrowed the sample.

Conclusions

- ▶ Current clinical experiences across FNP programs in the U.S. do not appear to provide the depth and breadth of patient encounters needed to prepare safe and competent practitioners.
- ▶ As demand continues to increase for primary care providers, it is vital FNPs have the requisite skills and knowledge to practice autonomously, perform assessments, diagnose, evaluate, and treat in accordance with their scope of practice.
- ▶ As members of academia and nursing regulatory bodies review these findings, it is incumbent that clinical learning experiences be regularly assessed to ensure they are providing opportunities for students to gain competency necessary for delivering care for patients across the lifespan.
- ▶ Perhaps clinical experiences should not be measured in hours but through experiences and competency.
- ▶ Other types of clinical experiences such as simulation may be beneficial to fill in existing gaps and should be explored as options to fulfilling current clinical requirements (hours) to meet learner outcomes.

Questions?

- ▶ kristina.thomasdreifuerst@marquette.edu
- ▶ angela.mcnelis@gwu.edu