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National Council of State Boards of Nursing

The Consensus Model for APRN Regulation – Full Length Version Video Transcript

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[speaker] I feel my role as a clinical nurse specialist just to take what's already in existence and to make it that much better. The role of the clinical nurse specialist looks it was being provided and seeing what we can do better. How can we better bring the care that we need to provide to that patient that's maybe missing.

[speaker] As a nurse practitioner, I'm able to not only assess a patient's condition but also diagnose that condition and then treat it. We have a lot of tools available to us as a professional to be able to treat the patient's that we see in unique settings.

[speaker] In most hospitals, we are considered license independent practitioners. So, we can really take care of the whole woman. Their annual exam, their prenatal care, their delivery, their postpartum care, menopause.

[speaker] My predominant role is to be the primary anesthesia provider in about 80% of settings in the United States. As an anesthesia care team, which consist of an anesthesiologist and CRNAs and typically as the CRNA that is in the room delivering the anesthetic.

[narrator] The nurses you have just seen represent over 267,000 Advanced Practice Registered Nurses across the United States. One of the fastest growing healthcare professions, Advanced Practice Registered Nurses provide comprehensive care to their patients and play a vital role in the institutions and communities they serve. Currently, significant variations exist in state laws regarding the requirements for Advanced Practice Registered Nurse, licensure, education, certification, and practice. These variations may limit mobility and practice and decrease the access patients have to their care. Most importantly, to fully protect the public, Advanced Practice Registered Nurses across all states should meet the same requirements. The best way for states to achieve uniformity, is the adoption of the new Advanced Practice Registered Nurse requirements, outlined in a document called the Consensus Model for APRN Regulation. This model was developed by nurse leaders from across the United States and as a president for the

healthcare of the future.

[narrator] In 2004, nurse leaders representing 23 organizations began working together over a four-year period to develop new national standards for Advanced Practice Registered Nurses. These standards when adopted by each state will ensure that the education, accreditation, certification, licensure, and practice requirements for Advanced Practice Registered Nurses are the same throughout the country. This will increase mobility at Advanced Practice Registered Nurses and allow them to move to other states without having to meet different licensure requirements. And most significant, the new changes outlined in the consensus model ensure public safety by making certain that an APRN in one state is equivalent to APRN's in every other state.

[speaker] We're responsible for the whole care of the patients, so we have to have all the skills to be able to do that. And so, we have graduate level education.

[speaker] All of the programs I've been affiliated with at minimum, offer masters of science, of nursing as the entry level, the diploma or academic preparation for anesthesia practice.

[narrator] A high-level of education is needed to be an Advanced Practice Registered Nurse. That's why the new National Standards outlined in the consensus model, required that regardless of role, APRN education be at the graduate level. At the University of Pennsylvania, an institution just like at across the country, students studying to be an Advanced Practice Registered Nurse endure a demanding curriculum and undergo rigorous clinical experiences in preparation for becoming safe practitioners to meet the challenges of 21st century health care.

[speaker] Graduates of all of the programs in the United States that have adopted the consensus model can be assured that their program has been pre-approved and accredited before they even begin to take one course, graduate student regardless of whether they were a nurse practitioner, clinical nurse specialist, midwife, or nurse anesthetist would be able to go into an auditorium and all learn together these three, what we call the 3Ps, they are broad, general, courses on Pharmacology, Physical Assessment, and Pathophysiology. They would also have seminar, courses and didactic courses before they even began their minimum 500 hours of clinical practice in a setting where they would be delivering one-to-one direct patient care.

[speaker] A certified nurse midwife is an invest practice nurse trained at the masters level to provide care to maternity patients and well-woman. We do a real good job here by having very holistic program of care, which includes a lot of factors that you will not

find in your local of OB's office. Some examples of the extra care that we provide include group prenatal care, which really combines your prenatal care with your childbirth education and you really understand what's going on throughout the pregnancy and then what to expect for labor. We have a wellness program, which includes nutrition education. We have yoga classes. We have a breastfeeding peer counselor program.

[speaker] So, when in 1993, I was fortunate enough to get at MacArthur Fellowship, I decided I wanted to come to Washington where the worst outcomes in the country are for both infants and mothers, I wanted to come here to see if the techniques of the midwifery model could be of any help in reducing the so-called intractable disparities.

[speaker] This particular facility was located in the worst part of District of Columbia as far as where the bad outcomes where, specifically to address those outcomes. It's primarily African American, they're very low income, they have shorter life expectancy than the rest of the District of Columbia. It takes a population which is at risk for lots of poor outcomes. And gives them the kind of care that actually provides them with superior outcomes to what you find on average in the rest of the district.

[speaker] We've reduced preterm birth by at least 2/3rds and the date that coming in now look like even more. This is amongst African American populations. We have reduced low birth weight by three quarters and we have reduced cesarean section rates back to the 10% that they were in the 1970s before they increased as they have now.

[speaker] The importance of an accredited school of nursing is very important in your selection of program. That does bring credibility to the program and ultimately if you do graduate from a program that is accredited your degree is sound. [speaker] It tells me that that program meets a certain standard of academic excellence. We're teaching in a standardize way what they're teaching nationwide.

[narrator] To ensure that every program preparing students to be Advanced Practice Registered Nurses meet specific requirements in program essentials. The new National Standards require that each educational program be accredited by one of the major nursing accrediting bodies.

[speaker] As part of the new advance practice of model that we are looking at the consensus model, accreditation has a very important role, because accreditation will do pre-approval of the program, so that any program that begins will use that model to guide the development of the curriculum, the competencies that are used, and so on and so forth. We look at the overall design of the program to ensure that it's based on National Standards. Why? Well, not only that we want that graduate to be able to obtain licensure

and credentials when they're finish, but it is a mechanism to protect the public. Our goal in all of these process is to assure safe and competent people to practice.

[speaker] Nurse practitioners have a special unique awareness, a lot of times on the public health aspects of what we do. Kentucky is a very rural state, so a lot of nurse practitioners do work in rural clinics and rural settings here. Physicians are not as available as they are in some other states or in urban areas. So, when I started here at the clinic in Danville, the diseases that we treat, diabetes, high-blood pressure, high-cholesterol, obesity and reflux disease are all impacted by smoking. Our patients that come to us initially about 46% of them smoke and their smoking has been a significant contributing factor to their illness. Of those, we've been able to assist about a fourth of those patients to quit smoking completely. Another half of those patients that smoke have reduced their smoking significantly and hopefully have reduced some of the harm of smoking as well as still working on their path towards quitting smoking.

[narrator] After graduation from an accredited program, passage of a National Certification Exam is required. These examination are based on the specific advanced practice role and the population studied while enrolled in the graduate program. Certification exams are required to be psychometrically sound and assess the competencies that are required for practice.

[speaker] The benefit of the APRN on consensus model is the enforcement of the congruence of the educational preparation to the certification exam. The American Board, specially nursing certification and the National Commission for Certifying Agencies are the two external bodies that accredit the certification program at ANCC. Certification renew is actually a perfect example of how the public will know if they have a competent individual managing their gear. Certification is time limited, it can range from three to five years. Before that certification can be renewed, the individual must provide evidence of having that specific criteria. To renew that certification, we have to have 75 hours of continuing education, five hours a year through the state of Kentucky Board of Nursing requirement and through ANCC needs to be in pharmacology, which keeps us updated for prescribing.

[speaker] The role of the CNS here at Rush entails being a resource to the staff nurses of role model, to help them with their quality improvement activities, any research activities they are involve with and to be part of the team with collaboration to get in the patients to the next level that they need to be. We do have patients that have cancer in this particular unit and suppose to have surgical unit and we do have a primary female population that we serve and these patients have been given a diagnosis of primarily ovarian cancer. What we do do is provide the high-touch in addition to the high-tech. That is so important

here at Rush to be able to meet those needs of those patients we have gotten a very difficult diagnosis and have been through rigorous treatments and surgeries. As an APRN and my role as a clinical nurse specialist, the role of the change agent is the most important component and the management team works together as a whole but without the change agent of the clinical nurse specialist and the whole picture, sometimes these things cannot happen because of the other duties that are assigned to the nurses and to the management team.

[speaker] There are a lots of things that we are trained to do, confident to do, have experience doing, which we may not able to do. The states then designate rules about how we can practice in that state and that does vary from state to state unfortunately.

[narrator] Licensure is the next step required for practice as an Advance Practice Registered Nurse. This is an addition to the RN license. Oversight of licensure and practice of Advanced Practice Registered Nurses is through the State Board of Nursing.

[speaker] Boards of Nursing are the most appropriate bodies to oversee the regulation of Advanced Practice Registered Nurses because they are the bodies that are composed members of the profession. They are the people who know the standards of the profession. The educational requirements, the scope of practice and so on. The consensus model has a number of benefits. It will benefit the public and then it will increase the access to qualified healthcare professionals. It will benefit the Advanced Practice Nurse, who doesn't have to meet different requirements for different states. Advance Practice Nurses have the same knowledge and skills regardless of what state they're in. And there's no reason for them to meet different requirements in order to practice within their scope of practice.

[narrator] The Advance Practice License will be specific for each role. For examples, nurse practitioners will receive a license that indicate that they are nurse practitioners. Nurse midwife licenses will indicate fair midwives. In addition, the license will also specified what population of patients the Advanced Practice Registered Nurse is qualified to care for. Whether it would be neonatal, pediatric, adult, the family, women's health, or psych mental health populations.

[speaker] My role is the lead CRNA and clinical practice and I provide pain management and anesthesia services for a pretty broad array of adult oncology patients. Getting my predominant role as to be the primary anesthesia provider may that along with one of the anesthesiologist. We meet and greet the patient in the morning, review their history and physical, while our surgical colleagues are doing their interventions, our charge is to keep that patient physiologically safe and stable. A kind of broad array of things including

positioning of the patient, their appropriate physiology from a cardiovascular and respiratory standpoint, and making sure that at the time of completion of the surgery that they aroused comfortably, safely, and physiologically sound.

[narrator] Advanced Practice Education focuses on developing safe practitioners that can function in independent roles and have full prescriptive authority.

[speaker] Idaho was the first state in the United States to recognize Advance Practice Nurses in statute in 1972. The Board of Nursing is very concerned about patient safety. Access to care is also another important issue. We feel that the care is safe, confident, and on the side of patient's satisfaction, patient's appear to be very satisfied, although the board of nursing doesn't really monitor the patient's satisfaction, the professional associations do. And people who live in rural communities are very satisfied with the quality of care they receive by nurse practitioners and that the access is available in their community and they don't have to drive sometimes up to a 100 miles to see a provider.

[narrator] Studies indicate that Advanced Practice Registered Nurses are safe and confident practitioners, providing healthcare in a variety of settings.

[speaker] I'm one of five gynecologic oncologist, and our group has four nurse practitioners who works with us. And I think that I couldn't practice the way I did if I didn't have nurse practitioners in my practice. Providing healthcare is a team activity. We use social workers 'cause they have a skill set. We used an intro-medicine doctor versus an oncologist and surgeon like me to do different activities. I think there's a lot of things that nurse practitioners are the perfect fit for.

[speaker] Every state has different laws and requirements for Advanced Practice Registered Nurses. By adopting the new requirements outlined in the consensus model, your state will be assuring consumers that Advance Practice Registered Nurses are highly prepared and ready to provide safe care. In addition, they will be supporting a model that would allow for a greater mobility and access to care to more people across the country.

[narrator] Support the new requirements in the consensus model for Advanced Practice Registered Nurses. For more information, go to the National Council of State Boards of Nursing website at www.ncsbn.org.