

# Acute Care Pediatric Nurse Practitioner: The 2014 Practice Analysis

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## ABSTRACT

**Introduction:** Practice research serves as the certification framework for validating advanced practice roles and updating national qualifying examinations. This national study describes the current practice of the acute care pediatric nurse practitioner (AC PNP) to inform an update of the Certified Pediatric Nurse Practitioner–Acute Care (CPNP-AC) examination content outline.

**Method:** A descriptive analysis was performed of the responses of 319 pediatric nurse practitioners, practicing in an acute care role, who completed a practice survey in 2014.

**Results:** Respondents were primarily White women with a mean age of 40 years; 75% had been formally educated as AC PNPs, compared with 48% in 2009. Regional practice

was most heavily concentrated in the Southeast (28%) and Midwest (27%). Most respondents (81%) practiced in urban areas. Respondents reported spending 75% of practice time in inpatient settings. The most frequently cited areas of practice were critical care (36%), followed by emergency department (9%) and subspecialty practices.

**Discussion:** This third analysis of AC PNP practice 10 years after initiation of the CPNP-AC certification examination demonstrates changes in clinical practice and educational preparation. *J Pediatr Health Care.* (2016) 30, 241–251.

## KEY WORDS

Acute care, certification, pediatric nurse practitioner, practice, professional role

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The pediatric nurse practitioner (PNP) holds unique status as the first advanced practice nursing role in the United States (Ford & Silver, 1967). Although pediatric health care has changed significantly during the past 50 years, the role of the PNP has evolved as well. In 2005, the Pediatric Nursing Certification Board (PNCB) established the acute care (AC) PNP certification examination, which grants the credential Certified Pediatric Nurse Practitioner–Acute Care (CPNP-AC). This examination is accredited by the National Council for Certifying Agencies and requires regular practice analyses to uphold certification validity. As part of the certification validity process, the PNCB conducted AC PNP practice analyses in 2003 (Clinton & Sperhac, 2005; PNCB Acute Care PNP Expert Panel, 2003) and again in 2009 (Reuter-Rice, 2013). In 2014, a follow-up practice analysis was completed with three goals: to update the tasks, knowledge, competencies, and clinical issues reflective of current AC PNP practice; to ensure that identified domains were congruent with

AC PNP practice; and to update the content outline for the AC PNP examination. In this article we review the evolving role of the AC PNP, describe both the methods applied to the practice analysis process and its results, and discuss the rationale for the updated content outline of the AC PNP certification examination, as implemented on October 24, 2014.

## DEFINITION

The Acute Care Job Practice Analysis Task Force Committee (“the Committee”) was composed of a demographically diverse group of subject matter experts working in a variety of acute care settings. They defined the role of the AC PNP as follows:

The CPNP-AC provides family-centered and culturally respectful care for pediatric patients with acute, complex, critical, and chronic illness across a variety of care settings. The CPNP-AC works closely with an inter-professional team to provide the highest level of evidence-based care for infants, children, adolescents, and young adults with life-threatening illnesses and organ dysfunction or failure. Due to their unique healthcare needs, a patient outside the traditionally defined pediatric age parameters may be best served by the CPNP-AC. The practitioner in this role is responsible for independent and collaborative decision making with direct accountability for clinical judgment. The CPNP-AC monitors and ensures the quality of healthcare practice and assists the patient and family in negotiating healthcare delivery systems (Pediatric Nursing Certification Board, 2015a, paragraph 4).

This definition was developed on the basis of the National Association of Pediatric Nurse Practitioners (NAPNP) Position Statement on the AC PNP (NAPNP, 2011); competencies of the National Organization of Nurse Practitioner Faculties (NONPF, 2013, 2014); the Licensure, Accreditation, Certification and Education (LACE) Network Age Parameter Statement (2012); and Pediatric Nursing: Scope and Standards of Practice (American Nurses Association, NAPNP, & the Society of Pediatric Nursing, 2008).

## EXPANSION OF THE ACUTE CARE NURSE PRACTITIONER ROLE

Since its inception in primary care, nurse practitioner (NP) practice has expanded and diversified. Beginning in the 1980s, the changing health care needs of injured and acutely and critically ill patients across the life span facilitated the introduction and implementation of the acute care nurse practitioner (ACNP) role in the United States. Subsequently, ACNPs were employed in a variety of clinical settings to serve diverse populations, leading to specializations as certified PNPs in acute care and adult-gerontology ACNPs. Currently, the practice environments of ACNPs include acute, critical, and specialty care practice (Alexander-Banys, 2014; Barton & Mashlan, 2011; Carberry, Connelly, &

Murphy, 2013; Considine et al., 2012; D’Agostino & Halpern, 2010; Edkins, Cairns, & Hultman, 2014; Fox, 2014; Fry, 2011; Golden, 2014; Goldie, Prodan-Bhalla, & Mackay, 2012; Hernandez-Leveille, Bennett, & Nelson, 2014; Kagan, 2010; McCarthy, O’Rourke, & Madison, 2013).

In the 1990s, graduate programs were specifically designed to prepare nurses for the ACNP role. Unique ACNP certification associated with the adult role and the pediatric role was created in 1995 and 2005, respectively. During the past 20 years, empirically supported clinical outcomes research has demonstrated that ACNPs provide safe, cost-effective quality care and high levels of patient satisfaction (Collins et al., 2014; David, Britting, & Dalton, 2015; Gaies et al., 2012; Hamden, Jeanmonod, Gualtieri, & Jeanmonod, 2014; Kapu, Wheeler, & Lee, 2014; Kapu & Kleinpell, 2013; Newhouse, et al., 2011; Sawatzky, Christie, & Singal, 2013; Sidani & Doran, 2010; Steuer & Kopan, 2011; Tsai, Sullivan, Ginde, & Camargo, 2010). The evidence base has also expanded related to education and certification (Berg, Hawkins-Walsh, Gaylord, Lindeke, & Docherty, 2011; Bolick et al., 2013, 2012, 2011; Hawkins-Walsh et al., 2011; Keough, Stevenson, Martinovich, Young, & Tanabe, 2011; Melander & Settles, 2011); orientation and implementation models (Liego, Loomis, Van Leuven, & Dragoo, 2014; Yeager, 2010); practice activities (Aleshire, Wheeler, & Prevost, 2012; Auerhahn, Mezey, Stanley, & Wilson, 2012; Carberry et al., 2013; Jones, Edwards, & While, 2011; Kilpatrick, 2011; Pirret, Neville, & LaGrow, 2014; Kleinpell & Goolsby, 2012; Sorce, Simone, & Madden, 2010); scope of practice (Karthia et al., 2014; Kleinpell, Hudspeth, Scordo, & Magdic, 2012); and workforce issues (Kleinpell et al., 2014).

Simultaneously, the Patient Protection and Affordable Care Act (ACA; U.S. Department of Health and Human Services, 2015) and *The Future of Nursing: Leading Change, Advancing Health* by the Institute of Medicine (IOM, 2011) have promoted full scope of practice for advanced practice registered nurses (APRNs) and development of transition plans for new and experienced ACNPs (IOM, 2011) to ensure that the role is implemented to the full scope of practice. These initiatives will assist in removing practice barriers for APRNs, which include lack of legal autonomy, lower reimbursement rates, and inadequately resourced health delivery systems. The ultimate goal is to fully enable APRNs to improve health care delivery and provide cost-effective, high-quality, safe care to the populations they serve. The role of the ACNP has also expanded outside the United States, particularly in Australia and Canada, as well as other regions (Andregård & Jangland, 2014; Dinh, Walker, Parameswaran, & Enright, 2012; Kilpatrick, 2013a, 2013b; Kilpatrick, Lavoie-Tremblay, Lamothe, Ritchie, & Doran, 2013; Kilpatrick, Lavoie-Tremblay, Ritchie,

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