Recommendations for Matching Pediatric Nurse Practitioner Education and Certification to Pediatric Acute Care Populations

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Conflicts of interest: Drs. Bolick, Reuter-Rice, Haut, and Verger and Ms. Kline-Tilford are associated with pediatric nurse practitioner (PNP) academic programs. Drs. Reuter-Rice and Bolick co-edited the textbook *Pediatric Acute Care: A Guide for Interprofessional Practice*. Drs. Bolick and Reuter-Rice and Ms. Bevacqua are item writers for the AC PNP certification examination. Dr. McComiskey and Mr. Cavender are PNP employers. Ms. Bevacqua is a practicing PNP.

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Employers planning to hire advanced practice registered nurses (APRNs) with the greatest preparation in caring for pediatric patients and their families look to pediatric nurse practitioners (PNPs). Employers have two PNP preparations from which to choose, primary care (PC) and acute care (AC).

The APRN Consensus Work Group and the National Council of State Boards of Nursing APRN Advisory Committee led a national effort to develop a regulatory model for licensure, accreditation, certification, and education (LACE) congruency. The resulting document, the APRN Consensus Model for APRN Regulation (APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee, 2008), defines nurse practitioner (NP) populations for state regulatory bodies, professional organizations, schools of nursing, and NP employers with the goal of providing the best level of preparation to care for given patient populations. APRNs are educated and certified to deliver and coordinate health care services; to provide patient, family, and professional education; and to apply research findings to practice for one of six populations: pediatric, neonatal, adult-gerontology, family life span, psychiatric-mental health, and women's health-gender. Pediatric and adult-gerontology populations are further subdivided into PC and AC (APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee, 2008).

There are several considerations for employers when determining the best provider match to population need. The *first* consideration is that NP scope of practice continues to be refined. The distinction between PC and AC NPs was only first described in the early 1990s (Genet et al., 1995; Uckan, Surratt, & Troiano, 1994). Certification examinations followed in 1995 for the adult AC NP and in 2005 for the AC PNP. The distinctions between PC and AC NPs were derived from professional organizations and national consensus panels, which determined the competencies for entry-level NP practice. Primary care NP competencies incorporate principles of health promotion and protection, disease prevention, and treatment (National Organization of Nurse Practitioner Faculties [NONPF], 2002; NONPF, 2010). In contrast, the acute care NP competencies focus on acute and critically ill patients experiencing an episodic illness, an exacerbation of a chronic illness, or end-of-life care (National Association of Pediatric Nurse Practitioners [NAPNAP], 2011; NONPF, 2004; NONPF, 2012a). The term "acuity" refers to a continuum with simple illness at one end of the spectrum and critical instability at the other end. All PNPs are prepared to care for acutely ill patients; however, PC and AC PNPs are prepared at different ends of the continuum, with overlap in its center.

The *second* consideration is the growing acuity and complexity of care not only in hospitals but also in primary care settings, especially when care is transitioned from the inpatient to the outpatient setting. Overlapping scopes of practice occur during care transitions among PC PNPs and AC PNPs.

The *third* consideration is that children with complex chronic illnesses are living longer lives, often into adulthood. To provide patients and families with uninterrupted care by interprofessional teams of providers, medical centers are developing life span subspecialty care services for disorders such as congenital heart and pulmonary diseases. Determining which NP— primary or acute care, adult or pediatric—and scope of practice for these services is a new consideration for employers.

To address these considerations, we provide specific recommendations to assist prospective NP applicants, expanding interprofessional teams, and employers in matching PNP education and certification to the care coordination and health care delivery needs of pediatric AC populations.

SCOPE OF PRACTICE

Scope of practice is defined as the "procedures, actions, and processes permitted for a licensed individual in a specific profession. Scope of practice is limited to areas of practice for which the individual has received education and gained experience, and in which he or she has demonstrated competency" (Bryan, Buzby, & O'Sullivan, 2011, p. 1). The NONPF states that formal educational preparation and corresponding NP certification should be the key determinant of NP scope of practice (NONPF, 2012b, p. 2). NP legal scope of practice is defined through statute and regulation and varies by state (Bryan et al., 2011; Kleinpell, Hudspeth, Scordo, & Magdic, 2012). However, states often construct their statutes and regulations on the basis of recommendations made by professional organizations for population-specific scopes of practice and the aforementioned APRN Consensus Model (APRN Consensus Work Group & the National Council of State Boards of Nursing APRN Advisory Committee, 2008). Scope of practice descriptions from various professional organizations are provided in Box 1. In the past, these descriptions included specific age parameters for each NP specialty. More recently, a new consensus-based age parameter statement was published that removes these barriers to care and provides for population-specific care to be provided across the life span (LACE Network, 2012).

Previous registered nurse (RN) experience in a specific pediatric population is highly valued by employers, is complementary to new NP practice, and contributes to hiring decisions; however, it does not supplant formal training and education in advanced practice nursing and is not a proxy for certification and licensure. Hiring an NP to care for a population for which he/she has RN experience does not lead to