



PEDIATRIC NURSING
CERTIFICATION BOARD

Partnership for Success

FAQs – Strengthening NP Education

Question	Answer
<p><i>The new APRN Model notes that the core pathophysiology course for all APRNs should reflect scientific pathophysiologic concepts across the life span. Our Pathophysiology course has been designed for PNP students but addresses important pathophysiologic concepts (e.g homeostasis, feedback mechanisms, inflammatory response, understanding normal versus abnormal physiologic responses, etc) that apply across the lifespan (birth through adulthood).</i></p> <p><i>Can my Pathophysiology course for PNP meet the new APRN model requirements?</i></p>	<p>A PNP program can design an advanced physiology/pathophysiology course, which offers in-depth pediatric content as well as content addressing general pathophysiology/physiology principles across the lifespan. PNPs are educated and certified to care for pediatric patients from newborns through young adulthood as defined by the AAP and described in the NAPNAP Position Statement on the Pediatric Age Range. It is important to be aware of the need to address broad based core competencies within the APRN core pathophysiology/physiology course, but also recognize that these core concepts can be applied and described within pediatric patient care situations.</p> <p>PNP programs may continue to focus on pathophysiologic issues of importance to pediatric health care which include pathophysiologic concepts that apply across the lifespan. As the APRN model is adopted nationwide, faculty should review course content to assure that core concepts for pathophysiology are addressed. Some state boards of nursing will rely upon university transcripts in determining the adequacy of the 3 “Ps” (pathophysiology, pharmacology, and physical/health assessment). Because only the course title may be found on the transcript it is important that course titles (and course descriptions) should clearly reflect the incorporation of core pathophysiologic concepts.</p>

<p><i>Can a program include a student's work hours to apply to meet required academic clinical practice hours?</i></p>	<p>Clinical hours must be precepted by a qualified PNP or physician faculty preceptor who has been approved by the PNP Program to serve in an official preceptor role and shares responsibility for the student's academic success. Clinical learning activities should be directed towards specific learning objectives. Therefore, in general, programs should not recognize clinical hours completed as a result of work related employment. Many NP programs encourage students to avoid using their employment settings for clinical learning experiences to eliminate conflict between employer expectations and the student's learning needs.</p>
<p><i>How many clinical hours are required for post-masters acute care or primary care PNP students? Can clinical hours earned in a master's PNP program count towards clinical hours needed to meet new PNP (acute care or primary care) post-master's requirements?</i></p>	<p>The National Task Force Criteria for Evaluation of Nurse Practitioner Programs (2008) recommends that a minimum of 500 clinical hours be included in a single NP track graduate program. Post masters' or other post masters/DNP graduate PNP programs who have admitted NP students who hold national certification in another NP role and population focus, may consider individual review of a student's clinical learning needs in the design of post master's/DNP clinical hours. As NPs expand their careers to add additional NP competencies in new NP role and population areas, faculty should focus on the design of clinical learning that will facilitate student mastery of clinical competencies in the new NP practice area. Students must complete a sufficient number of clinical hours to establish competency in the new NP role and population focus.</p> <p>As an example, primary care PNPs enrolled in an acute care PNP program will have met many of the clinical practice competencies inherent in the AC PNP role. Examples include those clinical competencies related to knowledge of pediatric growth and development and PNP care concepts related to health promotion, anticipatory guidance and well child care. A PNP AC program accepting primary care PNPs as post master's students should carefully assess the clinical skills of incoming students and provide a plan of study to assure exposure to patients experiencing a variety of acute and complex care needs to enable students to demonstrate mastery of acute care competencies.</p>
<p><i>How many clinical hours are required for dual acute and primary care PNP master's students?</i></p>	<p>In 2008 the National Council of State Boards of Nursing adopted new APRN Model Rules and Regulation. These regulations assist state boards in their evaluation of APRN educational programs. These new guidelines recommend that each APRN programmatic track include 500 direct clinical practice hours.</p>

	<p>The National Task Force Criteria for evaluation of NP Programs note that clinical experiences in dual track NP programs may be designed to assist students to meet competencies in more than one population and PNP role area.</p> <p>As dual programs combining Primary Care and Acute Care PNP roles are developed, programs should focus on designing experiences to meet clinical learning needs. The National Council of State Boards of Nursing (NCSBN) recently funded an ongoing study by The Association of Faculty of PNP (AFPNP) to examine the current discrete and overlapping clinical and didactic requirements of acute care PNP and primary care PNP programs. It is anticipated that the results of this study will provide evidence for new recommendations for dual programs.</p> <p>In the past several months the PNCB has reviewed a number of dual track PNP programs. These dual PNP programs (an acute care PNP program together with a primary care PNP program) have ranged in student clinical hours from approx 900 hours to 1,200 hours.</p>
<p><i>What is the minimum number of credit hours for post-master's students?</i></p>	<p>The range of didactic credit hours for post master's programs is variable and is most often based upon student's learning needs and university requirements. Programs participating in the PNCB's PNP Program review program have reported didactic credit hours ranging from 12 to 26 hours. Programs have often provided opportunities for students to challenge didactic and clinical coursework.</p> <p>A Gaps Analysis form has been developed by the National Task Force Criteria for evaluation of NP programs may be helpful to faculty planning to meet a student's learning needs.</p>
<p><i>Can PNP faculty who are nationally certified as primary care PNPs coordinate an acute care PNP program with a part-time acute care faculty person?</i></p>	<p>The National task force Criteria for evaluation of NP programs requires that the <u>lead</u> faculty for any nurse practitioner track hold national certification in the specialty area to be taught. While the senior faculty leader of a NP department may be certified in a primary care role, many programs have hired experienced nationally certified acute care PNP faculty to serve as "lead" faculty for newly launched AC PNP programs. Lead faculty may initially be employed in part-time positions in order to meet this program requirement.</p>

	Ideally, master's prepared faculty work together with full-time doctorally prepared NP faculty to assure the integrity of the curriculum and the clinical experiences for the AC-PNP student.
<i>Can lead faculty be masters prepared in the role? We are moving to a PhD prepared director but at the current time only have master's prepared faculty available.</i>	The lead faculty member can be masters prepared and moving towards the doctorate. National guidelines for NP education recommend that all graduate NP faculty hold earned doctoral degrees.
<i>We have a certified PNP on faculty who is not currently licensed because she no longer practices. This faculty member has an RN license but not APRN. Does he/she need to have an APRN license?</i>	National guidelines recommend that faculty teaching content in a curriculum preparing students for future licensure (i.e. APRN license) should be currently certified and licensed in their APRN role. Programs should consult their state boards of nursing and national accreditation requirements for further clarification.
<i>Should preceptors be nationally certified?</i>	Preceptors who teach advanced practice students must be nationally certified and state licensed and should practice in the clinical area that corresponds to their education and certification.
<i>Will well child hours earned in a FNP or primary care PNP count towards the 600 clinical hours that acute care students are required to earn in a post-master's acute care program?</i>	<p>Clinical hours within a post-master's acute care PNP program may vary based upon a careful assessment of the student's previous education and clinical hours, current national certification and demonstrated competency.</p> <p>Many universities have recognized up to 75 hours of pediatric well child care after review of students' transcripts. Primary care experiences should include the management of the primary health care needs of children of all ages.</p>
<i>Our PNP program is transitioning from a master's to DNP program. What documents do we need to provide to PNCB?</i>	If your program is transitioning from a master's degree track to a DNP track and the currently recognized PNP curricula and courses will not be substantially changed, then an additional PNCB PNP program review will not be required. All programs that plan to transition current PNP coursework to the DNP degree platform, should notify the PNCB of this change. The PNCB will require documentation of the last date for enrollment of current master's degree students in the PNP track and the expected graduation date for these masters' students. Information about the dates for enrollment of the first group of DNP students should also be shared with the PNCB.

	<p>The PNCB requires all recognized PNP programs to report any changes in PNP program faculty. If during the transition from a masters to a DNP program, substantive changes to the PNP program are anticipated, programs should plan to complete the PNCB's comprehensive PNP Program Review application to document these changes. Please check the PNCB web site for information regarding program review application requirements or email programreview@pncb.org.</p>
<p><i>We recently started an acute care PNP track and students want to know if they will also be able to work in a primary care practice.</i></p>	<p>There are important differences between the role of the acute care PNP and the practice role of the primary care PNP. State Boards of Nursing and the National Council of State Boards of Nursing and the national consensus based model for APRN education support the requirement that NP education should match national certification and clinical practice.</p> <p>It is important to note that while the separate roles of acute care PNP and primary care PNP share many clinical practice competencies related to concepts in primary care, chronic care and acute care, matching clinical practice responsibilities to the appropriate education and certification will help to assure public safety and high quality clinical care to children and families. A growing number of PNP practice roles are developing that build upon both the primary and acute care roles. In response to this, many PNP programs are beginning to offer a dual track option for their students that will prepare them in both the acute care PNP and primary care PNP roles.</p>
<p><i>Within the PNCB's PNP Program Review process, why are some PNP programs recognized for 3 years while others are recognized for 1 or 5 years?</i></p>	<p>Most programs are approved for 3 years. These programs have met all PNCB program review guidelines. Programs are considered for 5 year approval if the national CPNP exam passing rate (as calculated for approximately 25 students) is maintained at or above the PNCB's national average for a period of up to 3 years. Other criteria considered as evidence of excellence include, faculty to student ratios; markers of strength in student admissions, faculty, and preceptors and clinical agencies.</p>
<p><i>A student in her fourth semester of PNP-AC Program wishes to complete over 200 hours in a psychiatric mental in-patient care setting. She has completed</i></p>	<p>Acute care PNP students should receive a minimum of 600 clinical hours in an acute care PNP program. These hours should be distributed among experiences to assure that the student meets all AC PNP competencies including such skills such as EKG and radiology interpretation, lumbar puncture, etc. It is important to note that the AC PNP role does not focus on the acute care mental health</p>

<p><i>appropriate hours in ER, CICU, NICU and now wishes to have her fall residency in the psychiatric in-patient setting. Is this an appropriate clinical setting for her to meet acute care hours?</i></p>	<p>needs of children. Experiences in inpatient pediatric mental health settings should not be substituted for clinical experiences more closely associated with the AC PNP role. Experiences in in-patient mental health care may be appropriate as an adjunct/additional experience for students if the majority of clinical hours (>500) have been devoted to focusing on multi-system instability and/or intensive monitoring of life-sustaining therapies as well as management of patients experiencing instability of a chronic illness. It may be that experiences in a pediatric inpatient mental health setting might support demonstration of AC PNP competencies particularly if children in these setting were recovering from suicide attempts or other life threatening events. However, intensive inpatient pediatric psychotherapy is not part of the AC PNP role.</p> <p>The definition of the AC PNP role together with the major clinical topics outlined in the AC PNP exam content outline provide the best guidance for determination of clinical experiences for students to assure that students have mastered all of the critical AC PNP competencies. We encourage you and your students to review the PNCB's AC PNP program review guidelines and the 2004 Acute Care Nurse Practitioner Competencies published by NONPF (available at www.pncb.org). We encourage program faculty and students to review all of the required documents that guide development of program content to determine the best clinical experiences for students.</p>
<p>Students in our program get most of their clinical hours in a primary care clinic setting, as is appropriate for a primary care program. However, they do spend some times in specialty clinics, particularly in relation to experience with chronically ill children. Much of the care given in these clinics is specifically related to primary care and in fact is actually primary care, such as in a dermatology or ENT clinic. These are not acute care situations. I want to make sure that this is acceptable for our primary care</p>	<p>The PNCB has defined primary care PNP practice to include:</p> <p style="padding-left: 40px;">The CPNP primary care role is designed to meet the specialized physiologic and psychological needs of children in the areas of health maintenance and promotion and management of common pediatric acute and chronic conditions.</p> <p>In the PNCB's recent primary care PNP role delineation study (2008), more than one-third of the Primary Care PNPs completing this research survey indicated they practice in a variety of specialty clinical areas including adolescent medicine, gastroenterology, endocrine, dermatology, ENT and other specialty practice areas. These primary care PNPs were responsible for managing the primary care and chronic care needs of children. PNP clinical experiences may</p>

PNP program.	include specialty practice hours focused on the care of children and families with common acute and chronic pediatric conditions.
If I graduate from a DNP program do I need to take the American Board of Comprehensive Care's (ABCC) certification exam? (The ABCC is the certification body established by the Council for the Advancement of Comprehensive Care (CACC)).	The certification exam provided by the ABCC (a division of the CACC) is a voluntary exam only and is not linked to certification or state licensure as a pediatric nurse practitioner. To date 2009 fewer than 50 DNPs have earned this certification. The PNCB supports the information provided in the following document: <i>Nurse Practitioner DNP Education, Certification and Titling: A Unified Statement</i> . Please click http://www.nonpf.com/associations/10789/files/DNPUnifiedStatement0608.pdf to review this document.