



PEDIATRIC NURSING
CERTIFICATION BOARD

Partnership for Success

FAQs – Strengthening NP Education

Question	Answer
<p><i>The 2008 APRN Consensus Model notes that the core pathophysiology course for all APRNs should reflect scientific pathophysiologic concepts across the life span. (prenatal through aging/death).</i></p> <p><i>Will my pathophysiology course for PNP students meet the APRN model requirements if it is designed for PNP students but still addresses these important pathophysiologic concepts?</i></p>	<p>A PNP program may design an advanced physiology/pathophysiology course, which offers in-depth pediatric content as well as content addressing general pathophysiology/physiology principles across the lifespan. Examples are <i>homeostasis, feedback mechanisms, inflammatory response and understanding normal versus abnormal physiologic responses</i>. PNPs are educated and certified to care for pediatric patients from newborns through young adulthood as described in the 2008 NAPNAP Position Statement on the Pediatric Age Range.</p> <p>It is important to address broad based APRN core competencies within the pathophysiology/physiology course, but these core concepts may be applied and described within pediatric patient care situations.</p>

<p><i>What are the requirements for transcripts?</i></p>	<p>There are three major requirements for transcripts:</p> <ul style="list-style-type: none"> • the 3 Ps (advanced physiology/pathophysiology, pharmacology, and physical/health assessment) • the degree or certificate completion date • the role and population of study. <p>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. Some state boards of nursing will rely upon university transcripts in determining the adequacy of the 3 “Ps”. <i>According to the 2008 National Task Force Criteria (NTFC) the official transcript must also state the NP role and population focus (pediatric acute care or pediatric primary care role) of the NP education. The 2008 APRN Consensus Model states that a foundational requirement for education is ensuring that “official documentation (e.g. transcript) specifies the role and population focus.” The PNCB has endorsed both the NTFC and the APRN Consensus Model. Please refer to guidance on our website under eligibility criteria if the Registrar’s office does not comply with these three requirements.</i></p>
<p><i>May a program include a student’s work hours to meet required academic clinical practice hours?</i></p>	<p>Clinical hours are planned to meet the specific learning objectives identified. It is expected that the majority of clinical time is spent with preceptors whose practice area matches that of the student. Programs may choose a mix of clinician preceptors to provide inter-professional experiences for the student. However, programs usually do not recognize clinical hours completed as a result of work related employment to avoid legal and ethical conflicts between employer expectations and the students learning needs.</p>

<p><i>How many clinical hours are required for post-masters acute care or primary care PNP students?</i></p> <p><i>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 2008 NTFC recommends a <u>minimum</u> of 500 supervised direct patient care clinical hours be included in a single NP track graduate program. Post master's students must meet the same outcome criteria as other students in the graduate level program.</p> <ul style="list-style-type: none"> • If the student is not already an NP, it is expected that they will complete a <u>minimum</u> of 500 supervised direct patient clinical hours. • If the student is already an NP, it is expected that the faculty will utilize a Gap Analysis in planning the program coursework and clinical experiences to assure that the student will achieve all expected competencies and objectives. <p>An overlap of clinical hours and objectives may occur between acute care and primary care programs. Students must complete a sufficient number of clinical hours to establish competency in the new population focus (acute or primary care) and thus be prepared to become nationally board certified. Program faculty should document how the program plan will address all required competencies.</p>
<p><i>How many clinical hours are required for dual acute and primary care PNP master's students?</i></p>	<p>A dual track acute care (AC) and primary care (PC) PNP program must include content and clinical experiences necessary to allow students to master both the AC and PC PNP competencies. The 2008 NTFC recognizes that while a minimum of 500 clinical hours is required in single track (population) programs, an overlap in clinical hours may occur between the acute and primary care clinical hours for students enrolled in dual programs. Programs must be prepared to document how the clinical hours address the preparation for the two areas of practice.</p>

<p><i>What is the minimum number of credit hours for post-master's students?</i></p>	<p>The range of credit hours for post master's programs is variable and is most often based upon student's learning needs and university requirements. A Gap Analysis form has been developed by the NTFC and may be helpful to faculty planning to meet a student's learning needs. Please click the link below to view this document. http://www.pncb.org/ptistore/resource/content/about/evalcriteria2008.pdf</p>
<p><i>May PNP faculty who are nationally certified as primary care PNP's coordinate an acute care PNP program with a part-time acute care faculty person?</i></p>	<p>The 2008 NTFC requires that the lead faculty for any nurse practitioner track hold national certification in the population-focused 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>
<p><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></p>	<p>The 2008 NTFC states, "It is recommended that the director/coordinator of the NP program have doctoral-level preparation to support the responsibilities of leadership for the program."</p>
<p><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></p>	<p>All faculty members are encouraged to maintain national certification, however, the 2008 NTFC mandates that faculty teaching clinical courses maintain appropriate professional credentialing with current licensure and national certification. "It is intended that institutions provide administrative support for faculty to practice the required clinical hours to obtain and maintain national certification." Programs should consult their state boards of nursing and national accreditation requirements for further clarification.</p>

<p><i>Should preceptors be nationally certified?</i></p>	<p>The 2008 NTFC states that preceptors must have authorization by the appropriate state licensing entity to practice in the APRN role with a population-based and/or specialty area.</p>
<p><i>Our PNP program is transitioning from a master's to DNP program. What documents do we need to provide to PNCB?</i></p>	<p>If your program is transitioning from a master's degree track to a DNP track you must provide a copy of the accrediting agency's acceptance letter of the substantive change in the program. 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>
<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>State Boards of Nursing, the National Council of State Boards of Nursing and the 2008 APRN Consensus Model support the requirement that NP education must match national certification and clinical practice. Employers are increasingly aware of the competency differences between acute care and primary care NPs and are requiring a specific certification to be employed in their practice setting.</p> <p>It is important to note that while the separate roles of AC and PC PNP share some clinical practice competencies, 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, there is a movement towards offering a dual AC and PC PNP track option for PNP students.</p>

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 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?

Acute care (AC) PNP students' clinical hours should be distributed among experiences to assure that the student meets all AC PNP competencies. It is important to note that the AC PNP role does not focus on the acute care mental health needs of children. Experiences in in-patient mental health care may be appropriate as an adjunct/additional experience for students if the majority of clinical hours 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.

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. Please review the 2004 Acute Care Nurse Practitioner Competencies published by NONPF.

<http://www.pncb.org/ptistore/resource/content/exams/ac/ACNPcompsfinal2004.pdf>

Students in our primary care program get most of their clinical hours in a primary care clinic setting. However, they do spend some time in specialty clinics. Much of the care given in these clinics is related to management of stable chronic conditions, such as in a derm or ENT clinic. I want to make sure that this is acceptable for our primary care PNP program.

The PNCB has defined PC PNP practice to include:

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.

In the PNCB's most recent PC PNP role delineation study (2008), more than one-third of the PC 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 PC PNPs were responsible for managing the primary care and chronic care needs of children. PNP clinical experiences may include specialty practice hours focused on the care of children and families with common acute and chronic pediatric conditions.

If a student has a post master's in another APRN role, e.g., Adult NP, and has taken the 3 Ps, are they required to repeat any of these courses in their current Post Masters Program to be eligible to sit for certification in a new (Pediatric) APRN role?

Section III.F of the *2008 National Task Force Criteria* requires that post-master's students must successfully complete a formal graduate-level certificate program including completion of graduate didactic and clinical requirements of a master's NP program. Special consideration should be given to NPs expanding into another population focused area to make sure these students are exposed to didactic and clinical experiences to master the competencies of the new area of NP practice and meet the criteria for national certification in the new-population focus of practice.

Programs should complete a Gap Analysis for each post-master's candidate who requests waivers or exceptions. If they completed an advanced pharmacology course during an adult NP Master's Program, it may have focused exclusively on adult pharmacokinetics, dynamics and therapeutics. A Gap Analysis would address any shortfall in pediatric content in the 3 Ps that would affect the student's ability to meet the PNP competencies.

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