

## Perspectives on Nurse Practitioner/Advanced Practice Nursing in the USA-2012 Update

In the United States (U.S.), advanced practice registered nurses (APRNs) represent a growing segment of health care professionals who provide care to patients in a variety of settings and across the continuum of health and illness. In 1974, the American Nurses Association (ANA) designated 4 roles as advanced practice nurses (APNs); the nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, and certified nurse midwife. Since 1974 these 4 roles have evolved in complexity and scope of practice, with some roles being more clearly defined than others in educational preparation, scope of practice, regulation, and within the health care system. Other advanced roles exist in the U.S. for nurses with graduate degrees such as in public health or health policy but these nursing roles are not regulated beyond the registered nurse entry level. Therefore, the term advanced practice registered nurse (APRN) has replaced the term advanced practice nurse (APN) to clarify the regulatory nature of these 4 roles.

In 2008, the Consensus Model for APRN Regulation was developed from a national effort to resolve issues of inconsistent APRN licensure, accreditation, certification, and education (LACE) requirements across jurisdictions. It proposes that the LACE of APRNs should be framed in a way that ensures the safety of patients while expanding their access to APRN and promoting a consistent scope of practice (APRN Consensus Work Group, 2008). The following is the definition of an APRN as described in the Consensus Model.

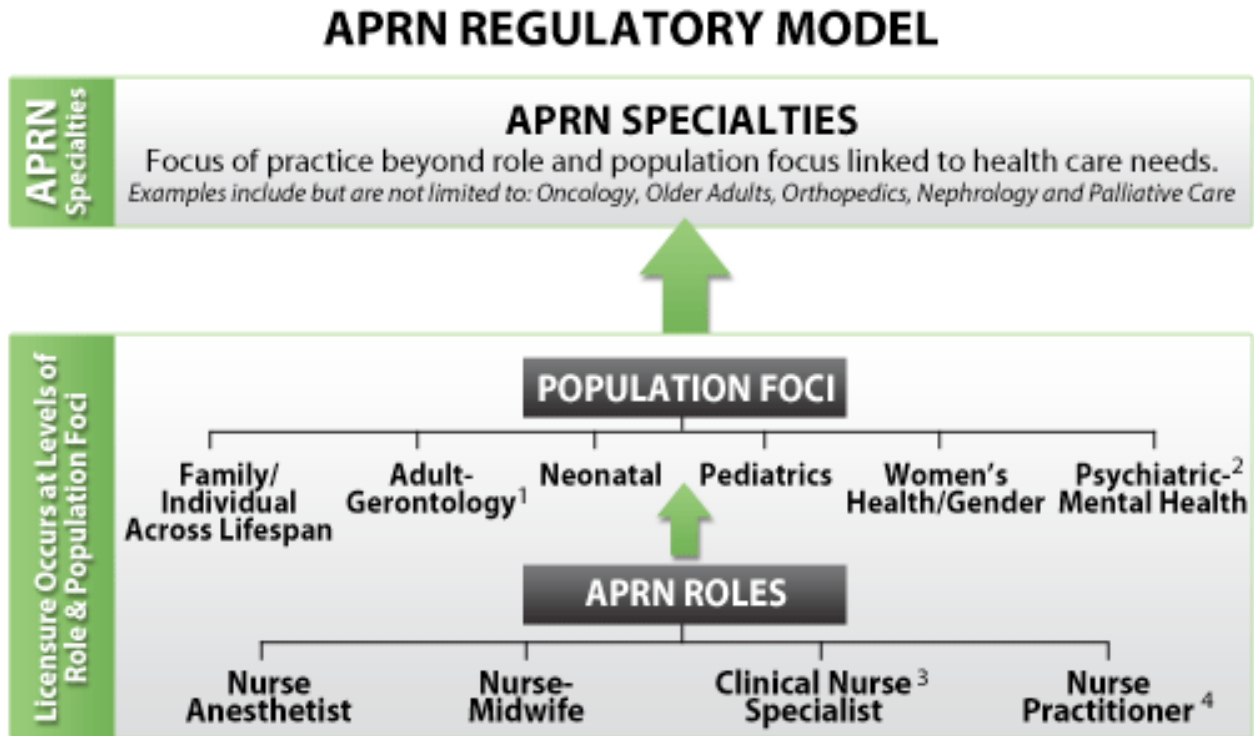
An Advanced Practice Registered Nurse (APRN) is a nurse:

1. who has **completed an accredited graduate-level education program** preparing him/her for one of the four recognized APRN roles;
2. who has **passed a national certification examination** that measures APRN, role and population-focused competencies and who maintains continued competence as evidenced by recertification in the role and population through the national certification program;
3. who has **acquired advanced clinical knowledge and skills preparing him/her to provide direct care to patients**, as well as a component of indirect care; however, the defining factor for all APRNs is that a significant component of the education and practice focuses on direct care of individuals;
4. whose **practice builds on the competencies of registered nurses (RNs)** by demonstrating a greater depth and breadth of knowledge, a greater synthesis of data, increased complexity of skills and interventions, and greater role autonomy;
5. who is **educationally prepared to assume responsibility and accountability** for health promotion and/or maintenance as well as the assessment, diagnosis, and management of patient problems, which includes the use and prescription of pharmacologic and non-pharmacologic interventions;
6. who has **clinical experience of sufficient depth and breadth** to reflect the intended license; and
7. who has **obtained a license to practice as an APRN in one of the four APRN**

**roles:**

- certified registered nurse anesthetist (CRNA)
- certified nurse-midwife (CNM)
- clinical nurse specialist (CNS)
- certified nurse practitioner (CNP)

The following diagram summarizes the concepts agreed upon within the consensus model.



Notes: 1 The population focus, adult-gerontology, encompasses the young adult to the older adult, including the frail elderly. APRNs educated and certified in the adult-gerontology population are educated and certified across both areas of practice and will be titled Adult-Gerontology CNP or CNS. In addition, all APRNs in any of the four roles providing care to the adult population, e.g., family or gender specific, must be prepared to meet the growing needs of the older adult population. Therefore, the education program should include didactic and clinical education experiences necessary to prepare APRNs with these enhanced skills and knowledge. □ 2 The population focus, psychiatric/mental health, encompasses education and practice across the lifespan. □ 3 The Clinical Nurse Specialist (CNS) is educated and assessed through national certification processes across the continuum from wellness through acute care. □ 4 The certified nurse practitioner (CNP) is prepared with the acute care CNP competencies and/or the primary care CNP competencies. At this point in time the acute care and

primary care CNP delineation applies only to the pediatric and adult-gerontology CNP population foci. Scope of practice of the primary care or acute care CNP is **not setting specific** but is based on patient care needs. Programs may prepare individuals across both the primary care and acute care CNP competencies. If programs prepare graduates across both sets of roles, the graduate must be prepared with the consensus-based competencies for both roles and must successfully obtain certification in both the acute and the primary care CNP roles. CNP certification in the acute care or primary care roles must match the educational preparation for CNPs in these roles. ([www.ncsbn.org/aprn](http://www.ncsbn.org/aprn), accessed 2/1/12)

### **Licensure and the APRN Credential Under the Consensus Model**

States currently vary in how they license advanced practice nursing and how they designate an individual as an APRN. The APRN Consensus Model requirements call for the board of nursing to be the regulatory body that issues licenses and provides oversight of APRNs. The requirements further specify that all APRNs will be educated, certified, and licensed in one of four roles and in at least one of six population foci. But all are given the protected licensing title of *Advanced Practice Registered Nurse* (APRN). Education, certification, and licensure of an individual must be congruent in terms of role and population foci. Efforts are currently underway to update (and merge, as applicable) established competencies to reflect the population foci titles recognized in the Consensus Model. (NONPF 2011) APRNs may specialize but they can not be licensed solely within a specialty area. Specialties can provide depth in ones practice within the established population foci. APRNs may also decide to choose a specialty to add to the level of care they can offer within their chosen population. Competence at the specialty level will not be assessed or regulated by boards of nursing but rather by professional organizations. (<https://www.ncsbn.org/aprn.htm>, accessed 2/1/12))

The following link provides more information on the APRN Consensus Model Toolkit, which includes key documents to detail recent efforts to standardize APRN education, practice, certification and accreditation in the U.S.

### **APRN Consensus Model Toolkit**

<https://www.ncsbn.org/2276.htm>

### **Education**

The American Nurses Association (ANA) defines the APRN as an RN who has attained advanced education at the Master's degree level. Similarly, the International Council of Nursing (ICN) defines the Nurse Practitioner/Advanced Practice Nurse as an RN who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shared by the context and or country in which s/he is credentialed to practice. The ICN identifies that

a Master's degree is recommended for entry-level practice. In the U.S., a Master's degree is required for APRN practice and most individual states within the country require national certification in the specialty area of practice. In 2004, the American Association of Colleges of Nursing (AACN) Task Force on the Practice Doctorate in Nursing identified that a clinical doctorate (doctorate of nursing practice [DNP]) was the recommended terminal degree for APRNs. While many educational programs have been revised to offer the DNP for entry level APRN education, master's degree programs continue to exist as the DNP is a recommended and not a required degree for APRN practice at this time. However, the future direction of APRN education in the U.S. is leading toward clinical doctoral preparation. In April 2011, NONPF released the most current, nationally validated set of core competencies for entry to practice for **all** nurse practitioners. These new core competencies integrate previously separate DNP competencies with master's level competencies. ([www.nonpf.org](http://www.nonpf.org)) Links are provided to the many Position Statements on the DNP, education, and practice in each APRN role:

American Association of Nurse Practitioners

[www.aanp.org](http://www.aanp.org)

National Association of Pediatric Nurse Practitioners

[www.napnap.org](http://www.napnap.org)

National Association of Clinical Nurse Specialists

<http://www.nacns.org>

American Association of Nurse Anesthetists

[www.aana.com](http://www.aana.com)

American College of Nurse-Midwives

[www.midwife.org](http://www.midwife.org)

In summary, the APRN role in the U.S. enables nurses to advance in their level of patient care management and involvement, gain skills in physical assessment, knowledge of pharmacological and therapeutic interventions, and work collaboratively with physicians and other members of the healthcare team to promote best practice for patients and family members.

Common aspects of the APRN role include autonomy in practice, authority to prescribe treatments and medications, provide consultation and referrals and plan, implement and evaluate programs. Other advantages of the APRN role include the opportunity to expand the nursing knowledge base, conduct research and quality improvement initiatives and develop consultative roles. The Institute of Medicine Report on the Future of Nursing, published in 2011, highlighted the important role of APRNs and included the recommendation that they should be able to practice to the full extent of their education and training.

The ICN Nurse Practitioner/Advanced Practice Network website further outlines advanced practice nursing roles and related practice issues, as well as a variety of resources for advanced practice nursing education and practice.

## References

American Association of Colleges of Nursing (ANCC). The Essentials of Doctoral Education for Advanced Nursing Practice. 2006. Washington, DC: Author.

APRN Consensus Work Group & National Council of State Boards of Nurses. Consensus model for APRN regulation: licensure, accreditation, certification and education. Accessed December 10 2011 from [http://www.ncsbn.org/7\\_23\\_08\\_Consensus\\_APRN\\_Final.pdf](http://www.ncsbn.org/7_23_08_Consensus_APRN_Final.pdf).

Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing at the Institute of Medicine. The Future of Nursing: Leading Change, Advancing Health National Academies Press: 2011

Hamric AB, Spross JA, Hanson CM. Advanced Practice Nursing: An Integrative Approach. Elsevier Publishing, 2008

International Council of Nurses: Definition and characteristics for nurse practitioner/advanced practice nursing roles. [http://www.icn.ch/networks\\_ap.htm](http://www.icn.ch/networks_ap.htm). (accessed December 10, 2011)

Pearson, L. The Pearson report: A national overview of nurse practitioner legislations and healthcare issues. 2010 <http://www.pearsonreport.com/> (accessed December 20, 2011).

Stanley J. Advanced Practice Nursing: Emphasizing Common Roles FA Davis 2010

## **Additional Links:**

American Association of Colleges of Nursing | [Home](#)

[www.aacn.nche.edu/](http://www.aacn.nche.edu/)

[American Association of Critical-Care Nurses](#)

[www.aacn.org/](http://www.aacn.org/)

American Nurses Association

[www.nursingworld.org/](http://www.nursingworld.org/)

Pediatric Nursing Certification Board (PNCB)

[www.pncb.org](http://www.pncb.org)

Association of Faculties of Pediatric Nurse Practitioners

[www.afnp.org](http://www.afnp.org)