National Study of Clinical Education in Family Nurse Practitioner Programs

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Aim

Methods

A cross-sectional, observational, complex samples survey design was used to collect data from students enrolled in or affiliated with accredited FNP programs.

Instrument

the 33-item investigator-developed, inventory

Demographics

- 3,940 students completed the survey
- Consistent with national trends, 78%(n=3070) reported they were female and 22%(n=848) reported they were male.
- Data are representative of trends in age of nurse's educational level within the discipline, with 72%(n=2840) reporting they were 25-34 years old (X = 32.4, SD = 7.27).
- The participants also well-represent FNP programs across U.S. regions proportional to their availability in the various urban and rural states in the country.
 - 50% came from the large middle sections (north and south) of the country, where

Findings

	Frequency				21 21 XI
Clinical Task	Never	1-2 ú;≥tivs ~	o-d chuties **	- Iv inities ~~	- 1011/1 11:5 -0
ASSESSMENT					-
Adult					
Assessing patient for pain	10	010	170	1160000	
Optaining' a comptenensive nearm nistory	⁰ 30	^1 <i>1</i>	' 3/8'	1214	2381
Obtaining a focused health he	<u></u>	0	701 /81	96 - 20	2025 2022
Performing a comprehensive physicar esant-	571	4111	373 ²	5322	∠736 [^]
Performing a focused physical exam	19	8	176	813	2925
Performing a mental health assessment	115	225	1071	399	2129
Performs age-appropriate screenings (e.g., developmental, 'hearing, justice) vision, oral health, get3.ethos)	,, 7T	282=			2378"
Geriatric					
Assessing patient for pain	24	233	498	368	2817
Obtaining a comprehensive health history	34	49	1013	468	2377
Obtaining a focused health history	24	407	74	838	2596
Performing a comprehensive physical exam	37	62	452	6199	~272u
Performing a focused physical exam	841	15	477	700	2 21
Performing a mental health accessment	1 47 +.>	m302	=7910	en392	17754.2
Performs age-appropriate screenings (e.g., developmental, hearing, vision, oral health, genetics)	91	113	610	486	2639
Pediatric					
Assessing patient for pain	69	138	1306	315	2112
Obtaining a comprehensive health history	92	111	1017	071	2049
Obtaining a focused health history	47	67	303	965	2559
Performing a comprehensive Age in " as call exam	71 / I	400	251 204	701 /21	2404 2404
Performing a focused physical exam	44	61	868 = 4	-	492400
Performing a mentar itealth alsessment	444 4 4 4	0/1 271	943015	302500	1228200
Performs age-appropriate screenings (e.g., developmental, nearing, vision, oral health, genetics)	76	283	445	1015	2120

Findings

Limitations

- Reliance on students' recall of their clinical experiences.
- Potentially biased data based on responses due to self-selection of respondents to survey solicitation, and/or program administrator's willingness to disseminate the study information and link to their students.
- Potentially omitting recently accredited schools (and therefore respondents) which were not yet included on published lists might have narrowed the sample.

Conclusions

- Current clinical experiences across FNP programs in the U.S. do not appear to provide the depth and breadth of patient encounters needed to prepare safe and competent practitioners.
- As demand continues to increase for primary care providers, it is vital FNPs have the requisite skills and knowledge to practice autonomously, perform assessments, diagnose, evaluate, and treat in accordance with their scope of practice.
- As members of academia and nursing regulatory bodies review these findings, it is incumbent that clinical learning experiences be regularly assessed to ensure they are providing opportunities for students to gain competency necessary for delivering care for patients across the lifespan.
- Perhaps clinical experiences should not be measured in hours but through experiences and competency.
- Other types of clinical experiences such as simulation may be beneficial to fill in existing gaps and should be explored as options to fulfilling current clinical requirements (hours) to meet learner outcomes.

Questions?

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