

# APRNs - Who are they?

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MICHIGAN NURSES ASSOCIATION

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# Conflict of Interest and Accreditation

## Successful Completion of this Continuing Nursing Education Activity

In order to receive one full contact-hour credit for this CNE activity, you must:

- ▶ Carefully read the entire self study module.
- ▶ Complete the evaluation form and post-test and indicate responses on the answer sheet. Submission instructions and links to the post test and evaluation are on the last page of this self study.
- ▶ This CE is **FREE** for MNA members and \$20 for non-members.
- ▶ Participants who achieve a minimum passing score of 80% will receive a certificate awarding 1.0 contact hours. Certificates will be mailed within six weeks of receipt of evaluation and post-test. Participants who do not achieve a passing score will have the option to retake the test at no additional cost.

## Conflicts of Interest

- ▶ No persons with an ability to control or influence the content of this educational activity also has a financial interest or relationship in it.
- ▶ Therefore, no actual or potential conflict of interest exists.

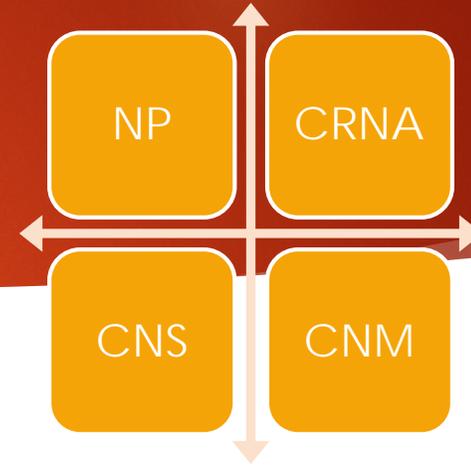
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# APRNs

## OBJECTIVES

- ▶ 1) Define the term APRN and describe the groups included.
- ▶ 2) Explain the educational requirements, functions and scope of practice for each of the categories of APRNs.
- ▶ 3) Discuss how the changes in the new APRN law will affect nurses and patients.

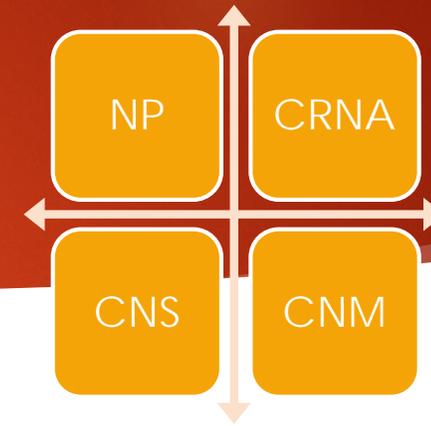
# APRNs



## DEFINITION

- ▶ An APRN (Advanced Practice Registered Nurse) is a masters, post-masters, or doctorally-prepared registered nurse.
- ▶ Their graduate degree is in a nursing specialty (such as pediatrics, women's health, etc.).
- ▶ They can practice medicine (and nursing) without the direct supervision of a physician.

# APRNs



## CATEGORIES

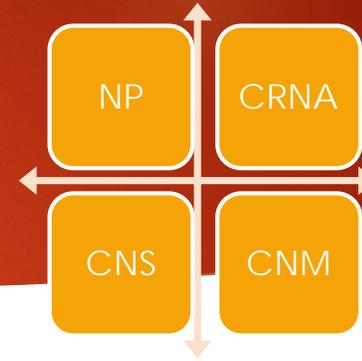
- ▶ Certified Nurse Practitioner – Provides primary and acute care; diagnoses and treats medical conditions; writes prescriptions
- ▶ Certified Nurse Midwife – Provides primary health care to women including care during pregnancy, childbirth, and postpartum
- ▶ Certified Nurse Anesthetist – Administers anesthesia and provides pre- and post-anesthesia care
- ▶ Clinical Nurse Specialist – Works in a specialized area defined by disease, population, setting or type of care

# APRNs

## A LITTLE HISTORY...

- ▶ The emergence of APRNs, particularly nurse practitioners, came about in the early 1950s in the US.
- ▶ This was a response by nursing to a shortage of physicians, particularly in rural areas.
- ▶ Around 1965, Medicaid and Medicare expanded to create programs to care for low-income women, children, the disabled, and the elderly.
- ▶ This created a need for high quality, low-cost health care, and APRNs were poised to fill that need.

# APRNs



## A LITTLE MORE HISTORY...

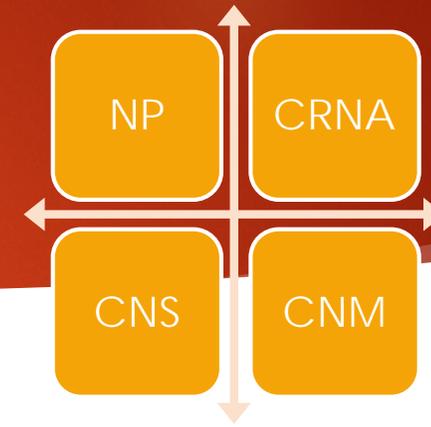
- ▶ In 1965, Loretta Ford (a nurse) and Henry Silver (a physician) created the first training program for nurse practitioners at the University of Colorado.
- ▶ The program focused on pediatric nursing – health promotion, disease prevention, and the care and well-being of children and their families.
- ▶ In a coordinated response to the physician shortage, many more nurse practitioner programs emerged all over the country.
- ▶ Additionally, the other categories of APRNs were created, and educational programs were developed to train and educate them.

# APRNs

## NOT EVERYONE EMBRACED THIS NEW ROLE OF THE NURSE

- ▶ Many (mainly physicians, but also some nurses) felt the role blurred the line between the functions of a nurse and a doctor.
- ▶ Others felt that APRNs were trying to practice medicine without the education.
- ▶ It took many years (20 or more) to prove that APRNs had enough education to perform many of the tasks of a physician.
- ▶ It has taken even more time to prove that APRNs are not trying to practice medicine, but are melding the holism of nursing with some of the physical aspects of medicine.

# APRNs



## EDUCATION

- ▶ All APRNS have at least a Masters Degree in nursing.
- ▶ APRNS are required to have graduated through an accredited graduate program in their area of specialty.
- ▶ Most states require an APRN to have a specialty license (through the state), and a certification (through a national accrediting body) in order to practice.
- ▶ APRNS have extensive knowledge of anatomy and physiology, physical examination, disease diagnosis and treatment, pharmacology, and psychology.
- ▶ In addition, APRNS have hands-on training in their programs where they learn the skills necessary to practice (suturing, performing pelvic exams and pap smears, biopsies).

# APRNs

## CONTINUING EDUCATION AND CERTIFICATION REQUIREMENTS

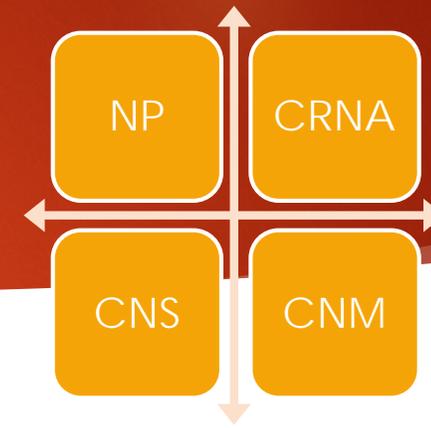
- ▶ In addition to having the 25 CEs required to maintain their RN license, APRNs are required to recertify every five years. For NPs, this requires at least 75 hours of CE plus at least 1,000 hours of clinical practice. At least half of the continuing education credits must be in the specialty area.
- ▶ For other APRNs, the recertification requirements vary depending on the specialty.

# APRNs

## SETTINGS

- ▶ APRNs practice in a wide variety of settings, including private practice, ambulatory clinics, long-term health facilities, community health clinics, hospitals, education, and healthcare policy institutions.
- ▶ Usually the setting will determine the population (children, elderly, women, etc.) and type of care (acute, ambulatory, preventive) that the APRN addresses.

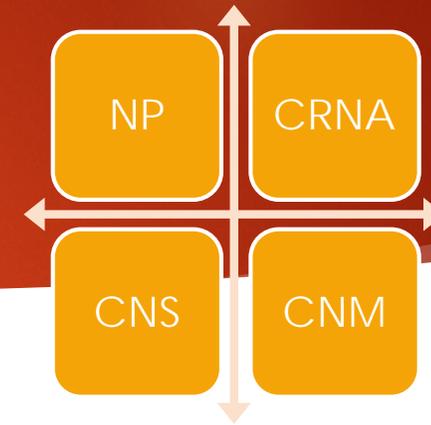
# APRNs



## TERMINAL DEGREES

- ▶ In 2004, the American Association of Colleges of Nursing (AACN) and the National Council of State Boards of Nursing (NCSBN) made the recommendation that all new APRNs have an entry level degree of doctorate. APRNs who are currently licensed are exempt. Most APRN programs will convert their master's level degrees to a DNP (Doctor of Nursing Practice), PhD (Doctor of Philosophy in Nursing) or Doctor of Nurse Anesthesia Practice.

# APRNs



## FUNCTIONS

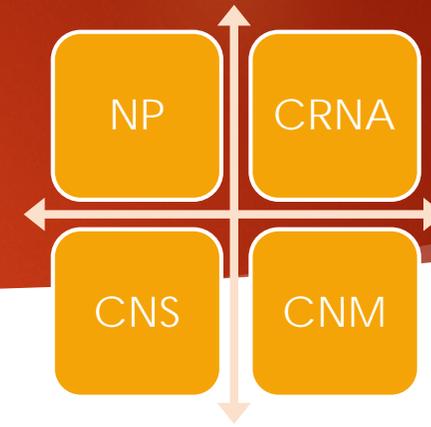
- ▶ NURSE PRACTITIONER – Takes health histories; assesses, diagnoses, and treats acute and chronic illnesses; performs tasks associated with their specialty (such as suturing or pap smears)
- ▶ NURSE ANESTHESIST – Provides care and advice related to anesthesia before and during surgery, diagnostic, and obstetrical procedures
- ▶ NURSE MIDWIFE – Provides care related to women’s health care – family planning, prenatal care, labor and delivery, and postpartum
- ▶ CLINICAL NURSE SPECIALIST – Provides expert advice and sometimes care in nursing practice specialties

# APRNs

## SCOPE OF PRACTICE AND COLLABORATION

- ▶ An APRN always works in collaboration with (but not necessarily under the direct supervision of) a physician
- ▶ The physician acts as a “back up” for the APRN to get advice on patient care, to refer patients for surgery or follow up care, or to perform procedures such as C-Sections which the APRN cannot
- ▶ Some states require that APRNs enter into a “collaborative agreement” with a physician(s). This agreement specifies the extent to which the APRN can practice and what the physician will cover. Both parties sign this agreement

# APRNs



## PRESCRIPTIVE AUTHORITY

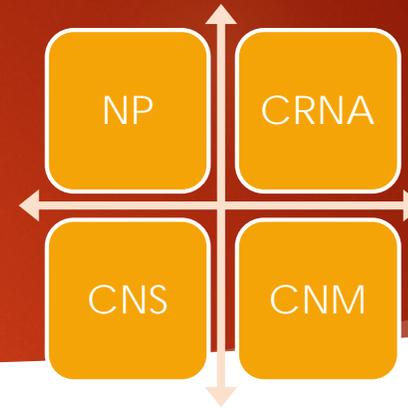
- ▶ This has long been a contentious issue among APRNS
- ▶ Although many states (including MI) allowed APRNS (specifically NPs and CNMs) to diagnose and treat without a physician's involvement, they likewise required some type of physician involvement in order for APRNS to prescribe medication
- ▶ That involvement has varied from the physician physically co-signing prescriptions on the spot to signing them en masse at the end of the month or quarter

# APRNs

## NEW MICHIGAN LAW (MCL 333.17210-14)

- ▶ This law, which went into effect in January of 2017, allows NPs, CNMs, and CNSs to prescribe Schedule II-V drugs under the delegation of a physician (but not necessary the direct supervision of).
- ▶ APRNs may also prescribe physical therapy, speech therapy, and may order restraints.
- ▶ There are also certain circumstances during which an APRN can make rounds.
- ▶ Also, Public Act 499 adds a Clinical Nurse Specialist to the health profession specialty fields.

# APRNs



## THE DIFFERENCE BETWEEN AN APRN AND A PHYSICIAN'S ASSISTANT (PA)

- ▶ An APRN is a registered nurse, while a Physician's Assistant is not.
- ▶ APRNs practice from a nursing perspective, including looking at and treating the person from the physical, psychosocial, emotional, and spiritual realms.
- ▶ APRNs and PAs may practice in the same settings, seeing the same populations, and performing the same functions.
- ▶ PAs do NOT have prescriptive authority.

# APRNs

## PATIENT OUTCOMES

- ▶ Numerous studies have found that the care provided by APRNs is equivalent to that of physicians.
- ▶ Studies have also shown that there is a higher rate of patient satisfaction with the care provided by APRNs than that of physicians.
- ▶ Studies continue to show that APRN care is safe and cost-effective.

# REFERENCES

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- ▶ Newhouse, R., Stanik-Hutt, J., White, K., Johantgen, E., Bass, E., et al (2011). Advanced practice nurse outcomes:1999-2008: A systematic review. *Nursing Economic\$*. 29(5).
- ▶ O'Brien, J., (2003). How nurse practitioners obtained provider status: Lessons for pharmacists. *American Journal of Health Systems of Pharmacy*. 60(22).

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# POST-TEST

This CE is **FREE** for MNA members and \$20 for non-members.

## ▶ **POST TEST DIRECTIONS**

Complete the evaluation and post-test response form and make your payment online by clicking [HERE](#).

**OR**

Download and complete the evaluation and post-test response [PDF FORM](#) and send it to:

By mail: Michigan Nurses Association; attn. Lisa Gottlieb-Kinnaird; 2310 Jolly Oak Rd; Okemos, MI 48864

By fax: 517-349-5818

## ▶ **AWARDING OF CE**

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