

Position Statement on Nurse Practitioner Curriculum



INTRODUCTION

The American Academy of Nurse Practitioners *Scope of Practice for Nurse Practitioners* (2010) describes nurse practitioners (NPs) as licensed independent practitioners who practice in ambulatory, acute and long term care as primary and/or specialty care providers. According to their practice population focus, NPs deliver nursing and medical services to individuals, families, and groups.

The completion of a formal graduate educational program and a commitment to life-long learning and professional self-development assures society that NPs acquire and maintain the theoretical knowledge and clinical skills appropriate for their scope of practice. Formal graduate education also enables NPs to achieve and maintain professional certification and statutory recognition.

GRADUATE NURSING EDUCATION

Entry-level preparation for NP practice is a graduate degree. While most NP programs currently award master's degrees and/or post-master's certificates, an increasing number of NP programs award doctoral degrees. In 2004, the American Association of Colleges of Nursing recommended that a shift in preparing all advance practice nurses, including NPs, to the doctoral level by 2015, with the degree title of doctor of nursing practice, or DNP (AACN, 2004; AANP, 2010).

NP education provides theoretical and evidence-based clinical knowledge and learning experiences for role development as an NP. The emphasis in a graduate NP program is on the development of clinical and professional expertise necessary for comprehensive primary care and specialty care practice in a variety of settings. The NP curriculum should be designed to prepare graduates to qualify for national certification in their anticipated area of population-focused practice. Additionally, NP programs cultivate advanced skills in the roles of educator, counselor, advocate, consultant, manager, researcher, and mentor.

Faculty members who maintain NP clinical expertise, licensure, and national certification in an NP population-focus practice area should implement the clinical portion of the NP curriculum. Non-NP faculty members should understand the NP's scope of practice and have the necessary preparation, knowledge, and skills appropriate to their content areas. Preceptors should have preparation and at least one year of clinical experience in their areas of clinical supervision. (National Task Force on Quality of NP Education, 2008)

IOM Committee of the Health Professions Education Summit participants (IOM, 2003) specify that "all healthcare professionals should be educated to deliver patient-centered care as members of an interdisciplinary teams, emphasizing evidence-based practice, quality improvement approaches, and informatics" (p. 48). Entry-level core NP competencies have been identified to guide the development of NP curricula. The skills and knowledge competencies are essential to all NPs, regardless of population focus. The competencies are organized in seven content domains. The NP content domains are: Management of Patient Health/Illness Status, The Nurse Practitioner-Patient Relationship, The Teaching-Coaching Function, Professional Role, Managing and Negotiating Health Care Delivery Systems, Monitoring and Ensuring the Quality of Health Care Practices, and Culturally-Sensitive Care (NONPF, 2006). DNP competencies have also been identified (NONPF, 2006).

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