

A Primer on Advanced Practice Registered Nurse (APRN) Practice

Who are APRNs?

What do APRNs do?

Nurse Practitioners (NPs)

Take health histories; conduct physical exams; diagnose and treat acute and chronic illnesses; provide immunizations, health education, and counseling; prescribe and manage medications and therapies; order and interpret diagnostic tests.

Settings: outpatient practices, health centers, retail clinics, schools, hospitals, homes.

Clinical Nurse Specialists (CNSs)

Serve as expert clinicians, consultants, researchers, and educators; address health system issues to improve quality and safety.

Settings: health systems, hospitals, other clinical sites.

Certified Registered Nurse Anesthetists (CRNAs)

Administer anesthesia and related care for surgical, therapeutic, diagnostic, and obstetrical procedures; provide pain management.

Settings: hospitals, outpatient surgical centers, dental offices.

Certified Nurse-Midwives (CNMs)

Provide primary care; gynecological exams; family planning services; management of low-risk labor and delivery; prenatal, neonatal, and postpartum care.

Settings: hospitals, birth centers, community health centers, homes.

Sources: Adapted from Institute of Medicine, *Future of Nursing: Leading Change, Advancing Health* (2010); APRN Consensus Work Group and the National Council of State Boards of Nursing APRN Advisory Committee, *APRN Consensus Model* (2008)

How many are there?

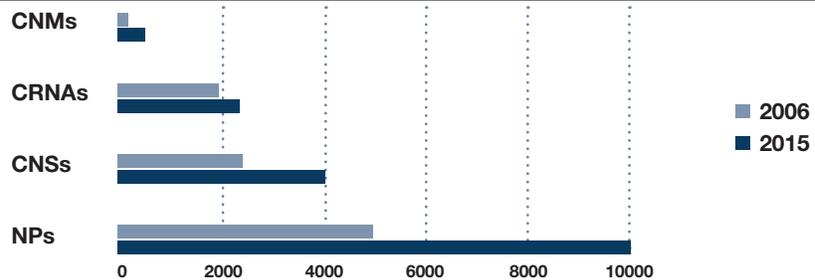
By Role

NPs.....	222,000
CNSs.....	69,000
CRNAs.....	48,000
CNMs.....	11,000

Sources: American Association of Nurse Practitioners (2016), National Association of Clinical Nurse Specialists (2015), National Board of Certification and Recertification of Nurse Anesthetists (2016), American Midwifery Certification Board (2015)

*NACNS estimate of RNs who have the education and credentials to practice as a clinical nurse specialist

Graduation Trends – A Growing Workforce



Sources: American Midwifery Certification Board, National Board of Certification and Recertification of Nurse Anesthetists, American Association of Colleges of Nursing, National Organization of Nurse Practitioner Faculties

How do nurses prepare for advanced practice?

Undergraduate education

Earn a baccalaureate nursing degree.

Licensure

Obtain and maintain licensure as a registered nurse. Achieved by graduating from a nursing program approved by a state board of nursing, passing a national standardized exam (NCLEX-RN), and meeting additional state board of nursing requirements.

Graduate education

Earn a master's degree or practice doctorate from an accredited program, with advanced course work and clinical education in physical/health assessment, pharmacology, pathophysiology, and the topics below.

	NPs	CNSs	CRNAs	CNMs
	Health promotion, disease prevention, disease management; topics related to the population served.	Topics related to the population served and within the CNS spheres of influence: patient/client care, nursing practice, and health care organization.	Anesthesia. Note: CRNA students must complete at least one year of critical care nursing prior to enrolling.	Midwifery, care of newborns, primary and reproductive health care for women, and treatment of sexually transmitted diseases in male partners.
Graduate-level clinical training	A minimum of 500 faculty-supervised clinical hours (1,000 recommended for a practice doctorate).	A minimum of 500 faculty-supervised clinical hours (1,000 for a practice doctorate).	A minimum of 2,000 hours and 600 cases across designated categories.	As many hours as needed to attain core competencies.

Certification

National standardized exam linked to APRN role and population served. (Certification exams exist for some, but not all, CNS specialties.)

Post-certification professional development

Clinical practice and continuing education hours required for periodic recertification. Specific requirements vary by role, population focus, specialty, and credentialing body and, in some cases, include reexamination.

Sources: American Association of Colleges of Nursing, National Association of Clinical Nurse Specialists, National Board of Certification and Recertification of Nurse Anesthetists, Accrediting Commission for Midwifery, National Task Force on Quality Nurse Practitioner Education, Council on Accreditation

Glossary of Terms

Professional scope of practice: The services a fully qualified health professional is educated, trained, and, in most cases, nationally certified to provide.

Legal scope of practice: The services a fully qualified health professional is legally permitted through licensure and regulation to provide and the restrictions placed on providing those services.

Licensure: The legal authority to engage in professional practice.

Certification: An independent accrediting body's determination that a member of the profession has the knowledge and skills for APRN practice.

Full practice authority: The authority to diagnose and treat patients without supervision by or mandated collaboration with other health professionals. When professionals have full practice authority, no gap exists between what they are educated and licensed to provide (professional scope of practice) and what state practice acts allow them to provide (legal scope of practice).

Practice restrictions: The laws, regulations, institutional rules, and insurer policies that constrain health professionals from freely providing the full scope of services they are educated, licensed, and certified to provide.

Full prescriptive authority: The authority to prescribe all classes of drugs, including controlled substances, and medical devices and equipment without supervision by or mandated collaboration with other health professionals.

Prescriptive authority restrictions: The laws, regulations, institutional rules, and insurer policies that govern which classes of drugs a health professional may prescribe and whether or not a physician must oversee that professional's prescribing practices. Also, the restrictions that apply to prescribing medical equipment and devices.

APRN Consensus Model: Model regulatory language—jointly developed by APRN organizations—that encompasses licensure, accreditation, certification, and education of all APRNs. The model assists states in updating statutes and regulations to enable full practice authority for APRNs.

Supervision, team management, delegation: A spectrum of supervisory relationships that establish physician oversight of APRN care delivery. *Direct supervision* requires that a physician be present onsite to assist in care if called upon. *Team management* sometimes implies that the APRN will be part of a physician-led team. *General supervision* typically indicates remote physician oversight of APRN services. Authority for APRN practice and prescribing may also be conveyed through *delegation* by a physician or via a *collaborative practice agreement*.

Collaborative practice agreements: State-mandated contracts describing the ways in which a physician will supervise an APRN, most often by 1) specifying which classes of drugs the APRN may prescribe, and 2) periodically reviewing a set percentage of patient charts. In many states APRNs may not legally practice without a CPA. Despite their name, CPAs do not mandate actual collaboration in caring for patients.

Collaborative practice: A variety of practice arrangements in which health professionals collaborate—through joint practice, consultation, or referral—in the care of patients.

Autonomous practice: The ability to provide patient care services without supervision by or mandated collaboration with other health professionals.

Transition-to-practice period: A legally defined period of time after entry into practice before an APRN obtains full practice and prescriptive authority.

Credentialing: The process by which a hospital, health care organization, or insurer determines a health professional's qualifications to provide and/or be reimbursed for health care services.

Privileging: The process by which a hospital or other health care organization authorizes a health professional to provide specific services, such as admitting patients or ordering diagnostic tests.

See also *The Case for Removing Barriers to APRN Practice*.
Visit www.rwjf.org/ChartingNursingsFuture