Advanced Practice Registered Nurse Education and Training:  
Prepared to Provide Safe, High Quality Care

Background
The Institute of Medicine recommends nurses practice to the full extent of their education and training.1 State legislation to enact the national, standardized Advanced Practice Registered Nurse (APRN) Consensus Model of regulation supports the IOM recommendation for APRN practice. Implementation of the APRN Consensus model increases citizens’ access to quality health care provided by educated, competent, specialized healthcare providers.1,3 This model establishes a baseline for licensure of nurses as APRNs based on graduate-level educational preparation and successful mastery of a national certification examination of competence in one of four APRN roles (nurse practitioner, clinical nurse specialist, nurse anesthetist and nurse midwife) and one of 6 specific population foci (family/individual across the lifespan, adult/gerontology, pediatrics, neonatal, women/gender-specific, and psychiatric mental health).2

Challenges to APRN educational preparation
“Some physician organizations argue that nurses should not be allowed to expand their scope of practice, citing medicine’s unique education, clinical knowledge, and cognitive and technical skills. Opposition to this expansion is particularly strong with regard to prescriptive practice. However, evidence does not support an association between a physician’s type and length of preparation and the ability to prescribe correctly and accurately or the quality of care” (Fairman, 2008).1, p.111

Number of hours
APRNs and physicians have unique and overlapping skills. A physician’s scope of practice and education is broad and much of it focuses on hospital-based, highly complex acute care while APRNs receive narrowly focused, population and competency based education. Each provider’s education creates skill sets that can be used individually or as part of a team to attain optimal patient health outcomes. While it is true that physicians have more total hours of education and training, physicians practice medicine and APRNs practice advanced nursing. The relevant question is whether or not the level of education and training is adequate to safely and effectively perform one’s scope-of-practice and meet the needs of patients. Decades of research studies substantiate safety and quality of APRN practice, underscoring the effectiveness of APRN educational preparation for practice.1, 10, 11

Clinical experience
APRN students enter their APRN educational preparation as experienced registered nurses. APRN students preparing for practice within a single role and population foci (e.g. pediatric nurse practitioner caring only for children in primary care) must complete a minimum of 500 hours of supervised direct patient care clinical hours in that practice setting. The clinical hours must be completed in a way that supports the patient population’s health care needs in the graduate’s specialty role and population area. For example, primary care pediatric nurse practitioner students will complete clinical hours with a preceptor providing care to children who need primary well child care and prevention/management of common pediatric acute illnesses and chronic conditions. The number of clinical practice hours can vary among graduate schools, with a minimum of 500 hours required for education and certification of an APRN in a single role and population.4,5
Adequacy of training

APRNs are recognized as safe, effective patient-centered healthcare providers and are accepted as capable and competent providers by consumers, institutions, and policymakers. 1,6, 7,8 Thirty years ago, a groundbreaking analysis by the Office of Technology Assessment (OTA) indicated that nurse practitioners could safely and effectively provide more than 90 percent of pediatric primary care services and 75 percent of general primary care services.9

Since that time numerous scientific studies continue to find APRN care is safe and effective:

- “Evidence suggests that access to quality care can be greatly expanded by increasing the use of RNs and APRNs...” (Bodenheimer et al., 2005; Craven and Ober, 2009; Naylor et al., 2004; Rendell, 2007). 1, pg. 27
- Between 1990 and 2008 a review of multiple, specialized APRN patient populations and practice settings found patient outcomes of care similar to and in some ways better than care provided by physicians alone.10
- Nurse practitioners and physicians have similar patient outcomes on: satisfaction with care, health status, functional status, number of emergency department visits and hospitalizations, management of patient blood glucose and blood pressure, and mortality. 11

While there are differences in education between APRNs and physicians, it is because there are significant differences in scopes of practice. More than three decades of research provides evidence that APRNs are adequately educated to deliver safe, high-quality, effective care.

References