NONPF SPECIAL MEETING
"NP Education Today, NP Education Tomorrow"
November 8-9, 2013
Washington, DC

EXECUTIVE SUMMARY

The leadership of the National Organization of Nurse Practitioner Faculties (NONPF) called a special meeting of nurse practitioner (NP) educators in Washington, DC, on November 8-9, 2013, with a purpose of facilitating a dialogue to shape a common vision for NP education and to drive the creative direction for the work of NONPF. Over a two-day program, close to 200 faculty members shared experiences, identified concerns, and evaluated what faculty may need to help sustain quality NP education. The discussions and voting on proposed activities have given the NONPF leadership valuable input on what NP educators would like to support their efforts and on how forthcoming editions of the *Criteria for Evaluation of Nurse Practitioner Programs* and other program resources may need to evolve to support NP education models for the future.

The Status Quo

NONPF President Dr. Debra Barksdale opened the meeting wearing a white suit and challenged the audience to move beyond the traditions that hold us back – such as not wearing white after Labor Day. She cautioned that it is easy to keep doing what we have always done rather than opening our mind to new strategies and new directions. Dr. Barksdale surmised that within NP education our rationale for why we do what we do is often mired in the "because I told you so" stance; instead, we must remain open to creative thought that fosters a proactive – not reactive – environment.

A common assumption is that we are already doing the right thing and being proactive. The invited opening speakers, Mr. Patrick Mendenhall and Suzanne Gordon, challenged the tradition and assumptions in NP education about preparing NPs for team care. As a profession, we have promoted the NP as a model "team player" and "team leader" and yet, like other disciplines, our curriculum focuses on the NP role and skills development and not that of the team. Authors of *Beyond the Checklist: What Else Health Care Can Learn from Aviation Teamwork and Safety,* Mr. Mendenhall and Ms. Gordon purport that clinicians need education on what is the team and how team care functions for patient safety. Less than 36% of the audience members identified that their programs currently require a team-based or interprofessional care course.

Dr. Barksdale identified another common assumption is the belief we have successfully implemented competency-based NP education. Although NONPF has developed and disseminated graduate, outcome competencies for a long time, in most NP programs, curriculum and evaluation are not built solely around the competencies. As long as we continue to base our programs solely on time-based models and do not take individual data and progression (prior experience, aptitude, etc.) into account, we are not fully embracing a competency-based education model. Over 71% of the audience members responded that they are currently teaching NPs via a competency-based methodology; however, after two

days of discussions, 96% of the audience members identified a need for a definition of competency-based education for NPs.

Since 1996, the *Criteria for Evaluation of Nurse Practitioner Programs* document has presented the national standards for NP educational programs. NONPF and other collaborating organizations have contributed to the original and subsequent editions of the evaluation criteria. NONPF has also promoted the implementation and evaluation of these criteria in NP educational programs and the accreditation process. Since NONPF does not review or evaluate NP programs, we rely on periodic surveys, presentations at the annual conferences, accreditation data (to the extent publicly available), and anecdotal reports to shape our perception of actual practices within NP programs. Results from questionnaires over the last year have shown that NP faculty members continue to struggle with implementing the *Criteria for Evaluation of Nurse Practitioner Programs* and with clinical education issues. Those data drove the focus of the November meeting. Honing in more on aspects of the evaluation criteria and clinical education issues, NONPF leadership asked questions of the audience over the two days of the meeting to provide a snapshot view of NP education:

- 71% require skills evaluations as part of NP student competency evaluation.
- 46% require 700 or more clinical hours.
- 90% integrate case studies or scenarios as part of clinical experiences.
- 69% integrate simulation as part of routine clinical experiences.
- 89% allow a percentage of clinical hours to be in a specialty practice; however, the majority allow less than 20% of the hours.
- 54% use high fidelity simulation.
- 61% use Objective Structured Clinical Experiences (OSCEs); however, 83% of those who use OSCEs do not count them as part of clinical hours.
- 77% socialize NP students on becoming preceptors.
- 88% send faculty to conduct clinical site visits.
- Less than 30% follow the 1:6 faculty-to-student ratio for clinical supervision.
- 49% do not know how individual faculty workload is calculated at their institutions.
- 48% generally **did not** feel that their individual workload supports quality NP education outcomes.
- 77% have been teaching NP students for 5 or more years.

Creative Thinking

A combination of panel discussions and breakout sessions during the special meeting facilitated the creative thinking of participants about the *Criteria for Evaluation of Nurse Practitioner Programs* and NP clinical education.

The “Shades of Grey” panel, featuring leaders from the National Task Force on Quality Nurse Practitioner Education, provided guidance on criteria that generate the most questions in the NONPF office. These areas include the faculty-student ratios for clinical education, the 500 required clinical hours, individualizing faculty development plans, and the frequency of evaluation. The panel emphasized that faculty oversight of clinical experiences, verification of clinical preceptor qualifications, and orientation of clinical preceptors are critical, and that programs really need to understand resource management to assess workload assignments for faculty. The panel did not support adding more criteria or getting more specific in language for fear of becoming overly prescriptive and consequently presenting too many challenges for NP programs.

The “Gap Analysis” panel of long-term NP educators and NP certifiers discussed the use of a gap analysis to determine a post-Master’s student’s plan of study when returning for another NP area of preparation. The NP certification representatives provided guidance on why and how to use a gap analysis relative to the evaluation criteria and certification eligibility requirements. They also provided analytic perspectives on different types of student situations. The certifiers emphasized that faculty as gatekeepers need to account for courses on transcripts and not be afraid to deny something. Additionally, the certifiers cautioned faculty not to complete an official gap analysis on anyone until s/he is officially accepted into the program.

Participants in the meeting divided into groups for facilitated discussions on select areas of the evaluation criteria. The whole audience reconvened and later heard reports from the breakout sessions and engaged in voting on related questions. The following are summaries of the discussion and voting on topics addressed during the breakout sessions.

Competency-Based Education & Clinical Hours

Faculty members identified that educators have different perceptions of what is meant by competency-based education and assessment. Strong consensus (98%) supported the need for a definition of competency-based **NP** education. In considering different options for a future model for evaluation of NP clinical education, 78% supported a competency-based model plus some minimum requirement of clinical hours as the best model. Only 4% supported a competency-based model without any requirement of hours, and only 9% supported the current model of 500 minimum clinical hours. In discussion, a few attendees surmised that more than 500 hours might be needed in a true competency-based model.

The group did not have a strong consensus on how simulation fits into the minimum requirements for clinical hours. Only 49% of participants support counting simulation as part of the minimum required clinical hours and 43% would support counting OSCEs as part of the minimum clinical hours. Some participants suggested that looking more closely at what kind of simulation (high fidelity and low fidelity) programs are doing would be important before determining what could be counted towards clinical hours. The audience recognized the variability of the level of sophistication in using simulation across programs. If regional simulation centers existed, 68% of the audience members felt that their programs would participate.

One breakout group discussed that it could be highly valuable to have some recommendations for a model of case studies tied to clinical experiences. A large percentage of the audience at large (78%) supported the development of a standard model of case studies and scenarios to be used by NP students before beginning direct clinical hours with patients so as to enhance their clinical experiences.

Faculty-Student Ratios

Faculty-student ratios are defined and operationalized differently between some onsite and distance programs. Over 76% of the participants identified that the profession could benefit from guidelines specific to distance programs, beyond what are in the evaluation criteria and other documents.

How ratios are developed varies across programs. Some faculty have more than one cohort and some programs have faculty that only supervise clinical groups. Some participants reported extreme situations such as faculty with large numbers of students for oversight and programs that rely solely on preceptors for evaluation. Faculty could benefit from explicit guidelines about the 1-6 ratio from NONPF to help them address issues at the institutional level.

Participants expressed concern that NP education could become a production model. Faculty workloads do not consistently support quality outcomes. Faculty would like to see continued support for the 1:6 ratio but would also value more prescription in the definition of this ratio. Giving more flexibility makes it harder on faculty. A common framework and common quality measures with less variability could be useful, and 63% of participants support the availability of a common framework for NP clinical education.

Preceptor & Clinical Placement Issues

The group identified various areas of the evaluation criteria that could be enhanced to give more guidance for use of preceptors and clinical placements. NP education needs to capture and embody the strategies for how to teach preceptors to teach students. A preceptor orientation program is important but not all programs offer this. Sharing of orientation programs could be useful, and 94% of audience members would welcome a standard preceptor orientation. Similarly, it would be helpful if programs can share strategies for finding and retaining preceptors and clinical sites. The evaluation criteria may need to account more for the use of clinical coordinators and also provide more elaboration about expectations for preceptor preparation. We need also to socialize students on how to develop the skills to be preceptors in the future.

Some participants reported challenges in finding pure primary care clinical sites. Instead they patch together clinical experiences from specialty and other sites. Some people would like more guidance about specialty clinical hours but expressed concern about defining specialty too narrowly so that it would cause a problem for placements. The group supported (68%) the availability of guidelines for a percentage of specialty clinical placements as part of the minimum clinical hours requirements.

Evaluation & Clinical Observation

Flexibility of the language in the elaboration section of the criterion is very useful, although it is important that someone – either the preceptor or the faculty member - evaluates the student face-to-face. Some audience members expressed concerns that a faculty member might never observe the student's clinical performance directly and instead defer this evaluation solely to a preceptor. Faculty involved with distance education provided examples of using technology and campus meetings to evaluate students across the country. A program needs to have a plan in place with clear communications between the faculty member and the preceptor. Fifty-six (56%) of the participants felt that more guidance is needed to differentiate the role of the preceptor role versus that of the faculty member in evaluating students.

The overwhelming majority of the audience – 88% - reported that programs do send faculty to conduct clinical site visits. Several participants provided accounts of how the site visits exposed significant problems with placements and student performance, including extreme cases of students fabricating clinical hours or never even going to the clinical site. However, other participants suggested that in addition to resource challenges for site visits, restrictions at the clinical sites (e.g., HIPAA requirements) might diminish the value of site visits. Alternative suggestions included bringing distance students to campus and administering OSCEs or other evaluation methods.

It is apparent that people define site visits differently, so a common definition is needed to provide more rigor for site visits. As well, it is not clear on what should be included in evaluation since this varies across programs. To provide more guidance on this, 73% of participants support the availability of guidelines for clinical evaluation of NP students.

Additional Issues

The group did not discuss transition to practice issues and the role of residencies and fellowships in NP clinical education in depth. Dr. Barksdale identified that these issues are complex and may raise questions about the preparedness of new graduates for practice and also institutional needs. An overwhelming majority of participants (94%) feel that their NP graduates are ready for practice. Similarly, a large majority (83%) do not feel that NP fellowship/residencies are needed. Participants (85%) would like to see federal monies support pre-NP licensure clinical education rather than post-graduate education.

Maintaining clinical practice is a priority for NP faculty. However, the level of institutional support to maintain practice varies significantly across programs. Over 74% indicate that we do need stronger statements supporting faculty practice.

The Action Plan

The NONPF Board took away from the meeting the messages that faculty need assistance now and that NP education needs a long-term plan to evolve new models for NP education. The organization at large will need to continue working together on the latter, and the Board does plan on future opportunities for member engagement in creating, communicating, and institutionalizing a common vision for NP education. One opportunity for member participation will be during the 40th Annual Meeting in Denver, Colorado.

To assist members now with addressing challenges for clinical education and in meeting the evaluation criteria, NONPF will focus efforts on initiatives that build on the discussions at the meeting. The Board has organized most of the initiatives in four work areas. Work groups will divide into sub-groups to address the different initiatives with instructions for detailed work plans and tight timelines. Board members will provide leadership for the work groups, and the Board will also invite participation from attendees of the November meeting.

<u>Clinical Education Topics Work Group</u>

- Develop common guidelines for clinical education
- Define site visits
- Define specialty clinical hours
- Provide guidance on 1:6 ratio

<u>Competency-based Education Work Group</u>

- Define NP competency-based education
- Identify strategies to support NP competency-based education

<u>Preceptor Issues Work Group</u>

- Develop a standardized preceptor orientation
- Define preceptor role in evaluation of students
- Develop teaching guidelines for a preceptor
- Establish a repository of strategies for preceptor retention & rewards

Faculty Issues

- Provide guidance on faculty workload for quality NP education
- Provide tools or a program for strategic leadership
- Establish a repository of strategies for faculty retention
- Update NONPF statements on faculty practice

In April, work groups will present finished material and provide updates on other initiatives. The Saturday, April 5 plenary session at the 40th Annual Meeting will feature the work group activities but also will focus mainly on the future of NP education. The session will allow audience dialogue and participation in another voting session. The NONPF Board wants to engage members more fully in delineating the structure for NP education and new models.