EvolveNP
AMERICAN ACADEMY OF EMERGENCY NURSE PRACTITIONERS
The Journey to Population

Executive Summary of the ENP Deans Roundtable

BACKGROUND

Given national conversations regarding consideration of the ENP as a specialty versus population on the APRN Consensus Model, Deans of nursing schools with ENP programs were invited to a virtual meeting on June 1, 2022. The following Schools were represented: Detroit Mercy, Drexel University, Emory University, Loyola University, Rocky Mountain University, Thomas Jefferson University, University of Alabama Birmingham, University of South Alabama, University of Texas at Houston, Vanderbilt University, and Western University of Health Sciences.

MEETING OBJECTIVES were established prior to the call:

- Discuss educational alignment of emergency care NPs within the APRN Consensus Model (CM)
- Explore the impact of current and future ENP alignment within the CM upon future academic program offerings
- Identify opportunities for collaboration regarding ENP educational preparation

OPENING REMARKS

- More patients are seeking emergency, urgent, & convenient care services each year.
- Crowded Emergency Departments (ED) require innovative care delivery models and more staff.
- Unscheduled care is no longer confined to the walls of the ED. Patients can now access care through telemedicine, in-home services, and via EMS.
- Patients treated in emergency departments are becoming more complex.
- There is a shortage of emergency-trained providers, especially in rural communities.
- Increasing costs of delivering emergency care & reimbursement challenges are driving the need for cost-reduction measures.
- The increased frequency of natural disasters, man-made disasters, and public health emergencies are stressing an already overwhelmed healthcare system.

OBJECTIVE 1

Educational alignment of emergency care NPs within the APRN Consensus Model

- Attendees agreed that FNP preparation alone is not sufficient. Emergency care spans primary care, urgent care, emergent care, and acute emergencies such as stroke, acute trauma. Also includes obstetrics, psychiatric care and populations from neonatal to geriatric. The education of an ENP has a broad focus.
- ENPs have not yet been fully acknowledged by the LACE/CM model. At same time, more states requiring scope adherence.
- Recognition that rural states may heavily rely on FNPs in urgent and emergency care settings.
- ENP as a specialty built on FNP allows movement, flexibility throughout career, which helps to decrease limited scope for NPs wanting to work in other areas besides ED if burnout or other changes occur. One Dean felt that this is important also from a student perspective.

- Challenges to FNPs working in urgent and emergency care settings due to lack of training for non-primary patients. Additional consideration for increased use of primary care in EDs, in tandem with the increasing complexity of outpatient care.
- Discussion ensued around the utility of FNP as a necessary first level across the lifespan for many – then add specialty knowledge. Anticipation of more specialties as healthcare (HC) moves forward and NPs provide care in multiple specialties (ie., pain management or palliative care NPs).
- There is precedent for "pulling out" NP populations with unique skill sets not fully represented in others (e.g., NNP), and also for populations with lifespan care of specialty focused needs (eg., psych mental health).
- Could look like the Adult-Gero options of Acute vs. Primary care; ENP as either a peds or adult focus
- Concern raised for states where emergency care is provided almost exclusively by FNPs. FNPs working in emergency and in-patient settings without academic preparation represents practice outside of scope, yet some Boards of Nursing allow it. For some states this is due to dependence on NPs for much of healthcare, and others (e.g, GA) are beginning to regulate alignment more carefully.

Impact on Schools, Students and Accreditors (including Academic preparation)

- Number of hours for clinicals in dual programs will increase length of programs. With dual programs, it is currently difficult to achieve requirements of both programs.
- Suggestion for accreditors to consider adding an option for accreditation of tracks such as ENP.
- Flexibility & versatility in NP practice is a marketing strategy.
- It can be very difficult to maintain national certifications, requirements, when certified in more than one NP population / specialty.
- Important to have primary care background for ENP if not building on FNP as core.
- Population level recognition provides ENPs what is needed for working with physicians in ED proving specialty training. The experiences / didactic must include across the lifespan.

OBJECTIVE 2

Explore the impact of current and future ENP alignment within the CM upon future academic program offerings (ie, Implications of Specialty versus Population Education)

- There has been much change in HC and NP practice since 2008. Scope of practice needs examining. In FNP-only curriculum training to work in ED setting is not addressed.
- Support for moving all NP education to the DNP level, which aligns with the hours needed for ENP preparations.
- An economy of scale currently exists with the FNP foundation.
- If only faculty certified as ENPs can teach in the ENP program could impact workforce. Maybe not enough certified faculty available to teach in the program.
- Urgent care settings provide primary and urgent care. There is need for FNP / ENP in this setting.
- Difficult to anticipate impact without knowing what the total academic package for ENP would be.
- As we move toward competency-based education, the procedural part of ENP is significant.

Suggestion that if ENP becomes a population, will need core competencies, hours expectation, clarification by regulatory bodies.

OBJECTIVE 3

Identify opportunities for collaborations regarding ENP educational preparation

- Idea for consortium of regional Schools where ENP students complete core NP content at home school and that specialty dedicated schools provide ENP content with elevated simulations.
- Mention of partnerships among schools for sims.

SUMMARY OF DISCUSSION AND IDENTIFICATION OF NEXT STEPS

- Given the discussion, no consensus was reached from this Dean's group regarding ideal placement of the ENP on the consensus model.
- AAENP was commended for coming to SON Deans for input.
- We are in a dynamic environment in HC and there is need to emphasize what we have learned from the past.
- Suggestion was made to evaluate the data/statistics on primary care delivery in emergency care. Agreement that the economy, HC landscape and workforce needs must determine the ideal placement.
- This group has not met consensus on whether ENP should be a specialty or a population. The lifespan preparation appears to be an essential component for the ENP.
- Collaboration opportunities could include regional consortiums, partnerships, fellowships, rural med consortiums, clinical site partnerships, medical simulation.
- Much support for reopening the consensus model was shared during the discussion. There was agreement that the APRN consensus model be reopened and evaluated for alignment of all populations / specialties.
- Desire for continued conversations to ensure voices of academic leaders & stakeholders are heard while Consensus Model changes are considered.

Comprehensive resources, including an infographic, available at https://www.aaenp-natl.org/enps