



NATIONAL ORGANIZATION OF NURSE PRACTITIONER FACULTIES

Position on Clinical Hours for Nurse Practitioner Preparation in Doctor of Nursing Practice Programs

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The National Organization of Nurse Practitioner Faculties (NONPF) membership requested guidance on the issue of how clinical hours should be determined for nurse practitioner (NP) preparation at the doctoral level, especially for those programs focusing on post-baccalaureate students. In response to increasing inquiries from members, the NONPF Board of Directors charged the Curricular Leadership Committee with addressing this issue for NP students in Doctor of Nursing Practice (DNP) programs. The position presented in this paper is the outcome of extensive work begun by the Clinical Hours Subcommittee, a subgroup of NONPF members serving on the Curricular Leadership Committee. This subcommittee developed an initial draft of a document describing current issues in clinical education of NPs and making recommendations regarding required number of clinical hours. The draft developed by the Clinical Hours Subcommittee then went on to the Review Subcommittee, another subgroup of NONPF members serving in the Curricular Leadership Committee that has the charge of reviewing the overall readability of documents prepared by the Curricular Leadership Committee. The NONPF Board of Directors, based on member input at the annual meeting in 2008 and the recommendations from both the Clinical Hours and Review Subcommittees, developed the final version of the report. *Since this is a time of transition from master's education to DNP education for NPs and keeping with NONPF's emphasis on competency-based education, this document is meant to be interpreted as a guide during this time of transition.*

Introduction

Health care disciplines, including nursing, have been moving toward competency based education as evidence of achievement of outcomes from educational programs. For over 18 years, NP curricula have been guided by the domains and core competencies developed by NONPF and based on the 1989 seminal research by Dr. Karen Brykczynski into the clinical practice of experienced nurse practitioners. In more recent years, NP curricula have been shaped further by the availability of NP population-focused competencies developed through a national consensus process led by NONPF. In 2006, NONPF also released the NP competencies for the DNP. Despite the availability of national competencies for entry-level NP practice, NP student evaluation is not based solely on attainment of competencies. National standards, such as those outlined in the *Criteria for Evaluation of Nurse Practitioner Programs*, are applied across all NP programs and include requirements that are not directly learner-defined. Most notable of these standards is the minimum requirement of 500 clinical hours for masters NP education. This requirement was determined following review of the data obtained in 1995 from the NONPF Ad Hoc Task Force on Education, led by Dr. Doreen Harper. The Task Force on Education collected data from the 217 NP programs in existence at that time and found that

the mean number of clinical hours reported by the NP programs included in the study were 500. An outcome of the study was to recommend to new and existing programs that a minimum of 500 clinical hours should be required by all NP students. It should be noted that the completion of the Ad Hoc Committee's work in 1995 represented data obtained from NP programs that were opened and graduating students during the period of data collection. Although the study did not assess achievement of individual competencies, the recommendations of a 500 clinical hours requirement was determined from both the NP program data available and collective wisdom at the time. Despite having only minimal evidence to support it, this number has historically served as a reasonable baseline for successful achievement on national NP certification examinations. Similarly, the recommendation of a minimum 1000 hours for post-baccalaureate DNP preparation proposed by the American Association of Colleges of Nursing (AACN) in their *Essentials for Doctoral Education* is not based on evidence. It is unclear as to whether these 1000 hours are intended to be totally clinical hours (face-to-face patient contact) or based on the additional content and competencies within the DNP preparation. Clearly, more evidence is needed to establish a national standard for the number of clinical hours required. More importantly, NP education needs to move towards a competency-based approach to assessment in which the number of clinical hours is of less importance than attainment of national NP competencies. However, as we work towards defining and clarifying terms and strategies related to measurement of competencies, this position statement is intended to give guidance to NP educators who are currently developing DNP programs for nurse practitioners.

Background

Practice doctorates in many health professions (i.e., medicine, audiology, dentistry, chiropractic medicine, optometry, pharmacy, physical therapy, podiatric medicine) are designed to prepare the beginning practitioner to enter practice. Specialty preparation for these professions is usually obtained after the practice doctorate and achieved in non-degree granting internships and residencies.

Nursing has chosen to pursue a different curricular pathway. The DNP is built upon the entry level professional preparation programs and is designed to prepare advanced practitioners in a variety of practice areas. Basic professional nursing education is the foundation for the DNP and encompasses achieving the competencies necessary to enter specialty practice. Therefore, there is little way to compare the clinical hour requirements of other practice doctorates with the new practice doctorate in nursing. The curricular models and the desired outcomes of these different practice doctorate programs are not comparable.

Nurse practitioner educational programs have a long and rich history of preparing highly competent graduates that have advanced the health of the people of this nation and abroad. These programs have evolved over the past quarter century from initial certificate programs to lengthy masters level programs. The core competencies for all NP graduates, as well as the population-focused competencies, have guided NP program development. In preparing for future practice, additional competencies beyond the master's have been identified for the practice doctorate. These include general competencies for all practice doctorates in nursing as well as unique competencies for NP graduates.

Although 500 hours is required in the *Criteria for Evaluation of Nurse Practitioner Programs*, NP programs at the master's level report that students spend on average 650 clock hours of

supervised clinical time to achieve beginning level competencies¹. Although strong evidence is not available, anecdotally, this suggests that with this number of clinical hours graduates are able to successfully complete national board certification and enter beginning practice as a nurse practitioner. Achievement of the additional competencies for the DNP is expected to require additional practicum hours. **(See Table 1 for the NONPF DNP Competencies.)** The additional practicum hours will include clinical hours as well as other faculty guided and supervised experiences.

Defining Clinical Practice

Whereas the *AACN Doctoral Essentials* and other resource documents may tend to be vague on the definition of clinical practice, NONPF has a long-standing record of defining *clinical practice hours* as the hours in which direct clinical care is provided to individuals, families and populations in *population-focused areas* of NP practice. *Clinical hours* do not include skill laboratory hours, physical assessment practice sessions, or a community project, unless these include provision of direct care. Clinical experiences and time spent should be varied and distributed in a way that prepares the student to provide care to the populations served. For example, a FNP student should receive experiences with individuals/families across the life span.

Conclusions

Faculty supervised clinical experiences providing direct patient care will remain central to NP preparation for students seeking practice doctorates. However, clinical hours, as previously defined, is too narrow a definition of practicum hours to assess the achievement of the additional nurse practitioner competencies for the practice doctorate. As indicated within the NP DNP competencies, the NP with a practice doctorate must be able to provide leadership to foster intra-professional and inter-professional collaboration, demonstrate skills in peer review that promote a culture of evidence, apply clinical investigative skills to evaluate health outcomes, and be able to influence health policy. These and other additional competencies need to be measured by student outcomes or the achievement of behavioral objectives rather than solely the number of clinical hours. The additional competencies in autonomous practice, leadership, practice inquiry, and policy are as much a part of the fabric of professional preparation for the NP with a practice doctorate as direct patient care.

NONPF Position on Clinical Hours:

1. The clinical practice experiences of the student NP earning a practice doctorate need to include learning activities beyond expected clinical hours in direct patient care. A broad range of learning activities could assist the student NP earning a practice doctorate to achieve the expected student outcomes. Examples of learning activities include:
 - participating in a clinical agency's committee to evaluate a practice protocol;
 - participating in a health initiative in the state's health department;
 - participating in components of program evaluation within a clinical unit.

¹ Berlin, L.E., Harper, D., Werner, K.E., & Stennett, J. (2002). *Master's level nurse practitioner educational programs. Findings from the 2000-2001 Collaborative Curriculum Survey*. Washington, DC: American Association of Colleges of Nursing and National Organization of Nurse Practitioner Faculties.

2. Nurse practitioner education, which is based on the core and population-focused NP competencies, needs to recognize that the student's ability to show successful achievement of the competencies is of greater value than the number of clinical hours the student has performed. Although NP curricula have been developed around domain and competencies since 1990, the measurement of student successful achievement of the competencies as an educational outcome is not standardized across NP educational programs.
3. NONPF recommends research to support an evidence base for educational, accreditation, and certifying bodies to evaluate achievement of critical outcomes and competencies of NPs and other advanced practice nurses.
4. Although the scientific basis for the current national standard of 500 clinical hours in NP education is minimal at best, expert opinion supports a minimum of 500 hours as a reasonable time frame that has led to successful achievement on national nurse practitioner certification examinations and satisfaction with **beginning** practice skills of NPs prepared in master's programs. In the *Criteria for Evaluation of Nurse Practitioner Programs*, 500 hours in direct patient care is also the minimum required for NP programs. However, we also know that the average number of hours in programs is reported at 650 hours. In addition, for students to achieve the DNP competencies as outlined by NONPF and AACN, a combination of direct care to individuals and families in a specific area of NP practice and other mentored learning experiences will be required. Moreover, it is very likely that more than 500 hours will be needed for students to meet the first NONPF DNP competency of Independent Practice, which is not an expected competency for master's level NP programs. Consequently, while 500 hours of direct patient care is the minimum required by the Criteria for Evaluation of Nurse Practitioner Programs, DNP programs will need to require significantly more hours than this in order for students to obtain the core, population-focused and DNP competencies. *These hours must include both direct patient care and in other mentored learning experiences.*

Therefore, for post-BSN NP students, NONPF requires a minimum of 500 clinical hours (as defined by NONPF focusing on direct care to individuals and families in a specific area of NP practice) in order to document attainment of the core and population-focused NP competencies. In addition, other mentored learning experiences should be part of the educational experience in order to achieve all other DNP competencies as outlined in the *NONPF DNP Competencies* and *AACN DNP Essentials*. Post-master's NP students who are nationally certified need to have sufficient clinical experience to demonstrate achievement of DNP competencies as outlined in the *NONPF DNP Competencies* and *AACN DNP Essentials*.

Table 1: NONPF Practice Doctorate (DNP) Nurse Practitioner Entry-Level Competencies

Competency Area: Independent Practice

- (1) Practices **independently** by assessing, diagnosing, treating, and managing **undifferentiated patients**
- (2) Assumes full accountability for actions as a **licensed independent practitioner**

Competency Area: Scientific Foundation

- (1) Critically analyzes data for practice by integrating knowledge from arts and sciences within the context of nursing's philosophical framework and scientific foundation
- (2) Translates research and data to anticipate, predict and explain variations in practice

Competency Area: Leadership

- (1) Assumes increasingly complex leadership roles
- (2) Provides leadership to foster **interprofessional** collaboration
- (3) Demonstrates a leadership style that uses critical and reflective thinking

Competency Area: Quality

- (1) Uses best available evidence to enhance **quality** in clinical practice
- (2) Evaluates how organizational, structural, financial, marketing, and policy decisions impact cost, outcomes, quality, and accessibility of health care
- (3) Demonstrates skills in **peer review** that promote a **culture of excellence**

Competency Area: Practice Inquiry

- (1) Applies clinical investigative skills for evaluation of health outcomes at the patient, family, population, **clinical unit**, systems, and/or community levels
- (2) Provides leadership in the translation of new knowledge into practice
- (3) Disseminates evidence from inquiry to diverse audiences using multiple methods

Competency Area: Technology & Information Literacy

- (1) Demonstrates **information literacy** in complex decision making
- (2) Translates technical and scientific health information appropriate for user need
- (3) Participates in the development of clinical information systems

Competency Area: Policy

- (1) Analyzes ethical, legal, and social factors in policy development
- (2) Influences **health policy**
- (3) Evaluates the impact of **globalization** on health care policy development.

Competency Area: Health Delivery System

- (1) Applies knowledge of organizational behavior and systems.
- (2) Demonstrates skills in negotiating, consensus-building, and partnering.
- (3) **Manages** risks to individuals, families, populations, and health care systems.
- (4) Facilitates development of **culturally relevant** health care systems.

Competency Area: Ethics

- (1) Applies ethically sound solutions to complex issues

APPENDIX - Contributors

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