

**Building Acute Care Capacity:
Transforming Primary Care NPs into Acute Care Providers
Pediatric Acute Care**

Rush University College of Nursing

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NONPF 2013

Not every primary care pediatric nurse practitioner (PC-PNP) needs additional acute care pediatric nurse practitioner (AC-PNP) preparation to practice in the pediatric acute care setting. See the following article:

<p>Bolick, B., Bevacqua, J., Kline-Tilford, A., Reuter-Rice, K., Haut, C., Cavender, J., & Verger, J. (2013). Recommendations for matching pediatric nurse practitioner education and certification to pediatric acute care populations. <i>The Journal of Pediatric Health Care</i>, 27(1), 71-77.</p>

Rush has two paths for additional NP preparation:

- Postgraduate certificate (PGC) in pediatric acute care
- MSN to DNP: AC PNP Population

Only APRN MS/MSN graduates are admitted for completion of PGC. Program of study (POS) must be completed within one year of matriculation. However, the MSN to DNP: AC PNP Population is appropriate for APRN and nonAPRN MS/MSN graduates and students requiring longer POS. Regardless of previous graduate work, Rush graduates have transcript documented coursework that leads to licensure in all states.

1. Analysis of Competency Gaps

- BSN to DNP Program of Study (POS) used as foundation for both PGC and MSN to DNP POS – see attached (PGC formerly based on BSN to MSN POS)
 - See attached sample plans for PGC and MSN to DNP students
- Gap Analysis Form I (Review of previous graduate work) – see attached
 - Graduate Core is presumed if MS/MSN with the exception of health assessment (Courses highlighted in Tan on POS)
 - Advanced Practice Nursing Core Courses are reviewed using criteria listed on the form (Courses highlighted in Light green on POS)

- Population Curriculum Courses are reviewed using criteria listed on the form (Courses highlighted in Light green on POS)
- PGC students average 14-17 credits. MSN to DNP students average 29-34 credits.
- Gap Analysis Form II (Review of clinical competence for APRN graduates) – see attached
 - Do not count previous graduate program clinical hours for acute care credit
 - Evaluate active practice in pediatric acute care or lifespan service e.g. trauma
 - ED practice must be in the main ED (not Fast Track) for acute care credit
 - See attached guidelines

2. Alternative Methods for Content Delivery

- See the following article for a description of AC PNP curriculum.

Bolick, B, Haut, C., Reuter-Rice, K., Leflore, J., McComiskey, C., Mikhailov, T., Cavender, J., Creaden, J., McLeod, R., & Verger, J. (2012). The acute care pediatric nurse practitioner: Curriculum overview. *The Journal of Pediatric Health Care*, 26(3), 231-237.

- Curriculum is delivered via online courses with two campus visits; majority of learning is asynchronous
- Independent study can be used to deliver content gaps identified during gap analysis for unique circumstances

3. Options for Clinical Experiences

- If student receives credit for competency in the AC PNP role through Gap Analysis II, then new clinical experiences are designed to focus on multiple areas that expand or augment present practice or future career goals e.g. Pediatric critical care, Cardiovascular surgery, Emergency Care, Infectious Diseases, Radiology, Oncology
- If student does not already have experience in the AC PNP role, then the student follows the same schedule map as the BSN to DNP students e.g. Pediatric critical care, Cardiovascular surgery, Emergency Care, Pediatric surgery, and other career interest

- If student is working as an APRN, then the student can find grouping clinical experiences into blocks more expeditious because APRN work schedules are often Mon-Fri

4. Integration with Existing Graduate Courses

- Menu of options, BSN to DNP, MSN to DNP, PGC, all layered to form a cohort – leads to rich discussion and learning environment
- PGC students can complete in as little as 2 acute care terms
- MSN to DNP: AC PNP Population can complete in as little as 6 terms
- Practicing APRNs have become highly specialized, yet still must be successful on a general certification examination; thus, all students complete
 - 4 case study exercises to demonstrate a systematic process for clinical decision-making
 - Staff education project
 - Patient/family education project
 - Weekly quiz questions
 - Weekly asynchronous discussion
 - Two campus visits
 - End-of-program cumulative examination

5. Innovative methods to evaluate student competency

- All students meet same end-of-program competencies
 - PGC and APRN MSN to DNP students do not complete the H & Ps and evidence-based research reviews as do BSN to DNP students: competence is presumed by virtue of degree
 - PGC and APRN MSN to DNP students may submit alternative staff education and patient/family education projects with the course director's approval e.g. national presentation, presentation to class on pertinent topic in area of expertise

62 PGC students have completed the Rush program as of April 2013

Program of Study
 Doctor of Nursing Practice (BSN to DNP)
 Area of Focus: Pediatric Acute Care NP (AC PNP)

Graduate Nursing Core – Presumed if awarded MSN			Credit Hours
NSG	521	Organizational and Systems Leadership	3
NSG	522	Applied Epidemiology & Biostatistics for Nursing Practice	3
NSG	523	Research for Evidence-Based Practice	3
NSG	524	Health Promotion in Individuals & Clinical Populations	3
NSG	525	Health Assessment Across the Lifespan	2
Subtotal			14
Advanced Practice Nursing Core – Gap Analysis Form I			Credit Hours
NSG	625L	Health Assessment Across the Lifespan Lab: Specialty	1
NSG	532	Advanced Physiology	3
NSG	533	Advanced Pathophysiology	3
NSG	531	Advanced Pharmacology	3
NSG	535	Diagnostics for the APRN	3
NSG	537	Transition to the APRN Role	3
Subtotal			16
DNP Core – Not Applicable			Credit Hours
NSG	601	Leader as Change Catalyst in Evolving Healthcare Environments	3
NSG	602	Healthcare Economics, Policy, and Finance	3
NSG	603	Effective Project Planning, Implementation, and Evaluation	3
NSG	604A	DNP Project Planning I	1
NSG	604B	DNP Project Planning II	1
NSG	604C	DNP Project Planning III	1
NSG	605	DNP Capstone (168 Clock Hours)	2
Subtotal			14
Population Curriculum Content – Gap Analysis Form I			Credit Hours
IDS	505	Palliative Care	2
NSG	551A	Advanced Primary Care of the Child I	3
NSG	556	Applied Pharmacology-Pediatric	3
NSG	557A	Pediatric Acute Care I	3
NSG	557B	Pediatric Acute Care II	3
NSG	679	<i>Academic Scholarship in Nursing (recommended)</i>	2-4
Subtotal			16-18
Population Practica – Gap Analysis Form II DNP Immersion – Not Applicable			Credit Hours
NSG	606	DNP/Population Practicum (588 Clock Hours)	7
NSG	607	DNP/Population Immersion Residency (252 Clock Hours)	3
Subtotal			10
Program Total			70-72

Revised 7/3/12
 Approved by CON Faculty Senate: 10/26/11

Rush University College of Nursing
Plan of Study Worksheet
Postgraduate Certificate Acute Care Pediatric Nurse Practitioner

Degree: PGC **Program:** AC PNP **RUID:** _____

Student Name: _____
Advisor Name: _____

Initial Revised (Indicate changes with *) **Date:** _____

Academic Year:

	Fall	CR	Spring	CR	Summer	CR		
			NSG 532 or 533	3	NSG 557A	3		
			IDS 505	2	NRS 541P	3		
Total		0		5		6		0

Notes: _____

Academic Year:

	Fall	CR	Spring	CR	Summer	CR		
	NSG 557B	3						
	NRS 600P	3						
Total		6		0		0		

Notes: _____

I agree to follow the program of study as laid out in the sequence above. I understand that if I deviate from this plan, I will not be guaranteed that I can register for courses I need in the program and may jeopardize my ability to start clinicals in the cohort I was admitted. This may also change my graduation date.

Student Signature: _____ **Date:** _____
Advisor Signature: _____ **Date:** _____

Distribution: Program Assistant
Student File

(to unprotect form, choose "Format" under Cells, then "Unprotect Sheet")

Form Rev 11/11/10

Rush University College of Nursing
MSN to DNP: AC PNP Population Plan of Study Worksheet

Revised: _____
Degree: DNP **Program:** AC PNP (PT)

Academic Year: Year 1

	Fall	SH	Spring	SH	Summer	SH
Healthcare Economics, Policy, and Finance in Practice (DNP CORE) NSG 602	3		Leader as Change Catalyst (DNP CORE) NSG 601	3	Pediatric Acute Care I (SC) NSG 557A	3
Palliative Care (SC) IDS 505	2		Principles of Eff Proj Planning (DNP CORE) NSG 603	3	Practicum [168 clock hours] (SC) NSG 606	2
					DNP Project Planning 1 NSG 604A	1
Total		5		6		6

Notes: _____

Academic Year: Year 2

	Fall	SH	Spring	SH	Summer	SH
Pediatric Acute Care II (SC) NSG 557B	3		Immersion Residency [direct care hours: min 18 hrs/wk=252 hrs/term] (SC)	3	DNP Capstone (DC) [168 clock hours] NSG 605	2
Practicum [168 clock hours] NSG 606	2		Academic Scholarship in Nursing (highly recommended but optional)	min 2		
DNP Project Planning 2 NSG 604B	1		DNP Project Planning 3 NSG 604C	1		
Total		6		4		2

Notes: _____

Notes: An additional 3 credits of practicum may be required based on MSN degree and experience.

Total Credits: 29

all practica hours: 1 credit hour = 6 clock hours x no of weeks
GC=Grad Core; AC=APN Core; DC=DNP Core; SC=Spec Content

Rush University College of Nursing
ACUTE CARE PEDIATRIC NURSE PRACTITIONER
Program of Study – Gap Analysis Form I

Name _____ **Work Telephone** _____
Address _____ **Home Telephone** _____
City _____ **State** _____ **Zip** _____

Enrollment: FA SP SU 201 **Student ID#** _____
Anticipated Graduation: FA SP SU 201

Advisor: Beth Bolick **Department:** WCFN **Ext:** 23646

Prerequisite Course Work for Postgraduate Certificate and MSN to DNP: AC PNP Population

	School	Course Number and Title	Check Courses to be Transferred In	Check Courses to be Taken
ADVANCED PRACTICE NURSING CORE COURSES				
NSG 532		Advanced Physiology		
NSG 533		Advanced Pathophysiology		
NSG 531		Advance Pharmacology		
NSG 535		Diagnostics for the APRN		
NSG 525		Health Assessment Across the Lifespan		
NSG 625L		Health Assessment Across the Lifespan - Specialty		
NSG 537		Transition to the APRN Role		
POPULATION CURRICULUM COURSES				
IDS 505		Palliative Care		
NSG 556		Applied Pharmacology: Pediatric		
NSG 551A		Advanced Primary Care of the Child I/Practicum		

Summary: Credits earned at Rush: _____
AC PNP Coordinator: _____ **Date:** _____
Student: _____ **Date:** _____

Route to the Program Director

Front of Form

cc: Registrar Office
Advisor
Student File

Back of Form

Experienced and practicing in pediatric acute care: PGC or APRN MSN to DNP Students

- An advanced pharmacology course may be transferred in for both NSG 551 and 556
- A combined advanced physiology/pathophysiology course may be transferred in for both NSG 532 and 533
- A health assessment course with diagnostics may be transferred in for NSG 525/625L and NSG 535
- A transitions course, seminar course, or other role preparation course may be transferred in for NSG 537
- Graduates of PC PNP and FNP programs meet the requirement for NSG 551A/clinical by virtue of degree
- Graduates of nonPC PNP and FNP programs take NSG 551A and one credit clinical practicum in pediatric primary care
- A pediatric health management course may be transferred in for NSG 551A by peds CNS graduates
- If either advanced physiology or pathophysiology not evident on transcripts, student is required to take NSG 532 and/or NSG 533
- If pharmacology not evident on transcript, student is required to take NSG 556
- If health assessment not evident on transcript, student is required to take NSG 625L and meets the requirement for NSG 535 by virtue of degree

Transfer of coursework for NSG 557A/B is not allowed

NonAPRN MSN to DNP Students and nonpracticing APRN students (greater than or equal to 2 years at the time of matriculation)

- An advanced pharmacology course may be transferred in for NSG 551
- A combined advanced physiology/pathophysiology course may be transferred in for both NSG 532 and 533
- A health assessment course may be transferred in for NSG 525/625 (and 535 APRN students only)
- A transitions course, seminar course, or other role preparation course may be transferred in for NSG 537 (APRN students only)
- Graduates of generalist masters or nonPC PNP and FNP programs take NSG 551A and one credit clinical practicum in pediatric primary care
- If either advanced physiology or pathophysiology not evident on transcripts, student is required to take NSG 532 and/or NSG 533
- If nonAPRN MSN to DNP student and has not taken pharmacology or health assessment courses then must take NSG 531/556 and NSG 525/625L
- If APRN MSN to DNP student and health assessment course not evident on transcript then must take NSG 625L and meets the requirement for NSG 535 by virtue of degree
- All nonAPRN MSN to DNP students take a minimum of NSG 556, NSG 535, and NSG 625L

Transfer of coursework for NSG 557A/B is not allowed

Rush University College of Nursing
EVALUATION OF NURSE PRACTITIONER PERFORMANCE
Acute Care Pediatric Nurse Practitioner Program Gap Analysis Form II

Student: _____ Program Coordinator: Beth Bolick, DNP CPNP-AC
Contact: Beth_N_Bolick@rush.edu

Clinical Manager: _____ Site: _____

Please circle the indicator that best documents the student's performance in his/her role in your organization for the objectives using the following rating scale.

- Not applicable (NA): Student action was not evaluated.
1: Student does not meet objective despite continual guidance.
2: Student routinely needs continual guidance to meet the objective.
3: Student demonstrates progress towards meeting the objective but requires guidance.
4: Student meets specific objective frequently with minimal redirection and guidance.
5: Student meets specific objective consistently.

CLINICAL PRACTICUM OBJECTIVES & VALIDATING COMPETENCIES	MANAGER EVALUATION					
1. Apply a variety of concepts, principles, and theories from the humanities, behavioral, public health, and nursing sciences to patient/population care management						
a. Distinguish between normal and abnormal developmental and age-related physiologic changes	NA	1	2	3	4	5
b. Apply principles of epidemiology in clinical practice by recognizing patients/populations at risk, patterns of disease, and effectiveness of prevention/intervention	NA	1	2	3	4	5
c. Provide rationale for patient management based on application of scientific knowledge base	NA	1	2	3	4	5
2. Manage patient/population health/illness						
a. Obtain, perform, and document an accurate and complete health history and physical examination	NA	1	2	3	4	5
b. Identify accurate problem list, develop pertinent differential diagnoses, and formulate an evidence-based, interprofessional patient/family-centered plan of care	NA	1	2	3	4	5
c. Demonstrate critical thinking and diagnostic reasoning skills in clinical decision-making	NA	1	2	3	4	5
d. Employ appropriate screening and diagnostic strategies	NA	1	2	3	4	5
e. Implement appropriate therapeutic interventions in a timely manner	NA	1	2	3	4	5
f. Provide pertinent health protection, health promotion, and disease prevention services	NA	1	2	3	4	5
g. Evaluate outcomes of care	NA	1	2	3	4	5
3. Establish a practitioner-patient/population relationship						
a. Create a relationship with patient/family that acknowledges their strengths, empowers them, fosters responsibility for health, and preserves their control over decision-making while maintaining professional boundaries	NA	1	2	3	4	5
b. Maintain confidentiality and privacy		1				5
4. Function as a teacher-coach						
a. Assess patient/family readiness to learn and create an effective learning environment	NA	1	2	3	4	5
b. Elicit the patient's/family's perception of health, barriers/supports to learning, learning style, and cultural influences on learning	NA	1	2	3	4	5
c. Design and implement a patient/family education plan that is tailored to patient/family needs	NA	1	2	3	4	5
5. Demonstrates competence in the interprofessional patient-oriented role						
a. Collaborate effectively with the interprofessional team	NA	1	2	3	4	5
b. Communicate complete and accurate information to other	NA	1	2	3	4	5

interprofessional team members						
c. Teach and coach other interprofessional team members	NA	1	2	3	4	5
d. Practice within ethical guidelines		1	2	3	4	5
e. Practice within the authorized scope of practice		1	2	3	4	5
6. Manage & negotiate healthcare delivery systems						
a. Incorporate access, cost, and efficacy when making care decisions	NA	1	2	3	4	5
7. Monitor & ensure the quality of healthcare practice						
a. Provide safe care		1	2	3	4	5
b. Engage in continuous quality improvement	NA	1	2	3	4	5
c. Incorporate professional/legal standards and evidenced-based guidelines into practice	NA	1	2	3	4	5
8. Incorporate cultural/spiritual needs in patient/population						
a. Incorporate cultural/spiritual needs into management plan	NA	1	2	3	4	5
b. Administer care without bias due to age, gender, religion, sexuality, socioeconomic class, and/or ethnicity		1	2	3	4	5
9. Demonstrate professional behavior						
a. Incorporate guidance, criticism, and evaluation into clinical practice		1	2	3	4	5
b. Engage in self-directed learning		1	2	3	4	5
c. Demonstrate professional behaviors including reliability, punctuality, accountability, availability, and self-reflection		1	2	3	4	5
d. Use approachable body language		1	2	3	4	5
e. Adhere to College of Nursing dress code		1	2	3	4	5
f. Respect the opinions and expressions of patients, families, and other members of the interprofessional team		1	2	3	4	5
g. Demonstrate professional verbal, nonverbal, and written/electronic communication		1	2	3	4	5

Not applicable (NA): Student action was not evaluated.

1: Student does not meet objective despite continual guidance.

2: Student routinely needs continual guidance to meet the objective.

3: Student demonstrates progress towards meeting the objective but requires guidance.

4: Student meets specific objective frequently with minimal redirection and guidance.

5: Student meets specific objective consistently.

Manager Comments (optional): _____

Manager Signature: _____ Date: _____

Program Coordinator Signature: _____

Please email directly to:

AC PNP Program Coordinator

Beth Bolick, DNP CPNP-AC

Beth_N_Bolick@rush.edu

PC PNP and FNP students with active practices in the AC PNP role may apply for credit of up to 344 acute care hours toward the total required for their plan of study (see following diagram) through practice evaluation by their manager and program coordinator using *Gap Analysis Form II*.

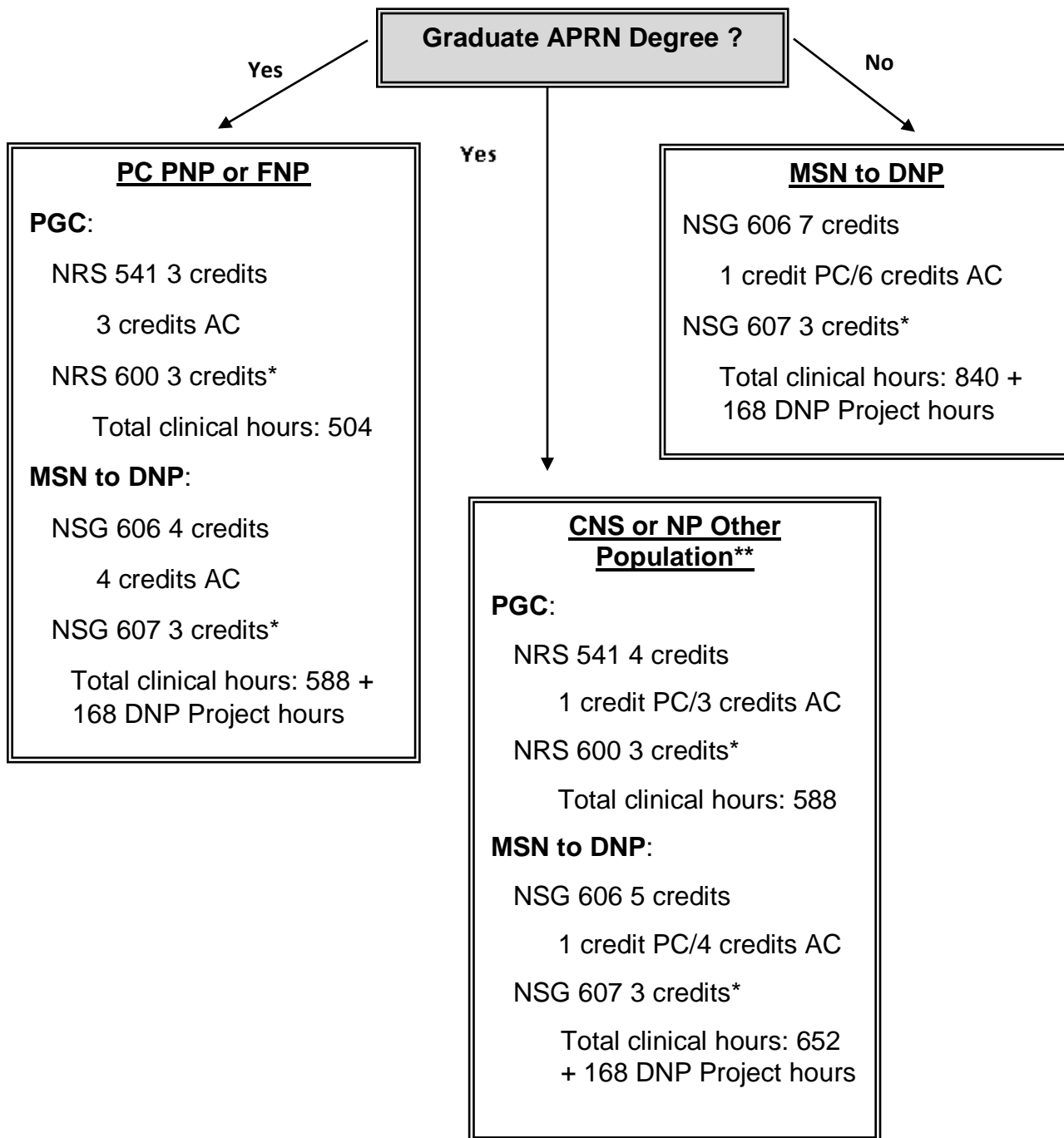
Minimum total score to credit hours is **3** for each validating competency:

Score 123-143

Clinical hours credited 264

Score 144-165

Clinical hours credited 344



One credit equals 84 clinical hours

*Additional clinical hours may be required to meet end-of-program competencies

** Program faculty determine final credit allocation based on previous pediatric acute care experience