Clinical Outcomes: The Yardstick of Educational Effectiveness

The safety and quality of nurse practitioner (NP) competency-based education has consistently been demonstrated through 40 years of patient care research. The yardstick of educational effectiveness should be based on patient outcomes. Educational preparation for physicians and nurse practitioners does differ. Although different, there is no evidence to suggest one is superior to the other in terms of patient outcomes, safety and quality of care provided. There are numerous studies that demonstrate nurse practitioners consistently provided high quality and safe care. In the over 100 studies on care provided by both nurse practitioners and physicians, not a single study has found that nurse practitioners provide inferior services.[1] In fact, these studies have shown NPs have the same or better patient outcomes when compared to physicians.

Three differences in education models between the professions make clinical outcomes a more effective determinant for safety.

1. NP students have formal academic preparation in healthcare before graduate school.

Prior healthcare education is a significant difference and deserves to be weighted in this discussion of education. NP students have had education and clinical experience in evaluating and managing patients even before they attend their first day of an NP program. This prior education included physical assessment skills, interpreting diagnostic test results, evaluating the appropriateness of medications and patients response to treatments in both hospital and community settings. The undergraduate platform of knowledge allows NP education to start at a more advanced level than other graduate health professional programs. Additionally, many nurse practitioner students have experience working as registered nurses prior to beginning their NP programs. During this time they have spent numerous hours caring for patients. This care has involved administering medications and required cautious consideration of pharmacological agents, as well as utilizing all the skills listed above.

2. NP students determine their patient population at the time of entry to an NP program.

Population focus from the beginning of educational preparation allows NP education to match the knowledge and skills to the needs of patients, and to concentrate the program of academic and clinical education study on the patients for whom the NP will be caring. For example, consider a primary care Pediatric NP. The entire time in didactic and clinical education is dedicated to the issues related to the development and healthcare needs of the pediatric client. While medical students and residents spend time learning how to manage adult clients and complete surgery rotations, a primary care pediatric nurse practitioner student's educational time is 100% concentrated on the clinical area where the NP clinician will actually be practicing.

3. NP education is competency-based, not time-based.

NP students must demonstrate that they have integrated the knowledge and skill to provide safe patient care. NP students do not progress or graduate based on the hours spend in a rotation or by the number of times they have seen a particular ailment; Instead, NP students progress only when knowledge and skill competency is achieved. While competency-based education has been the standard in nursing for decades, the concept is transitioning to other health professions. Medicine has recently begun to re-examine their time-based approach. After the 2010 Carnegie Report called for just such an innovation in medical education, Dr. William Hueston, a member of the American Academy of Family Physicians Commission on Education commented, "Both in medical student education and residency, we have clung to the belief that if you spend a certain amount of time learning about something, then you must know it," he told *AAFP News Now.* "That's as ridiculous as thinking that a teenager should be given a (driver's) license just because he or she spent a set number of hours behind the wheel of a car."[2]

Head to head comparison of educational models is not the appropriate measure of clinical success or patient safety. The appropriate measure is patient outcomes. Forty years of patient outcomes and clinical research demonstrates that nurse practitioners consistently provide high quality and safe care.

1. Bauer, J. (2010). Nurse practitioners as an underutilized resource for health reform: Evidence-based demonstrations of cost-effectiveness. *Journal of the American Academy of Nurse Practitioners* 22 (2010), 228–231.

2. Bein, B. (2010, June 26). Carnegie Report Calls for Key Innovations in Medical Education: Better Integration of Formal Knowledge, Clinical Experience Needed. *AAFP News Now.* Retrieved from http://www.aafp.org/online/en/home/publications/news/news-now/resident-student-focus/20100629carnegiereport.html

National Administrative Office:
PO Box 12846
Austin, TX 78711
Phone 512 442-4262
Fax 512 442-6469
Email admin@aanp.org
Website www.aanp.org

Office of Health Policy:
PO Box 40130
Washington, DC 20016
Phone 202 966-6414
Fax 202 966-2856
Email dcoffice@aanp.org