Leading article/Uvodnik

Improving healthcare outcomes and accessibility in the USA: the advanced practice nurse

Izboljševanje izidov in dostopnosti zdravstvene oskrbe v ZDA: diplomirana medicinska sestra/diplomirani zdravstvenik z naprednimi znanji

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In the United States (US), there is emerging a need for more healthcare providers and advanced practice nurses (APNs) are an important group in filling that need. The Centers for Disease Control and Prevention (2015) report that life expectancy in US is approximately 78.8 years with males living approximately 76.2 years and females 81 years. With a longer life expectancy, additional healthcare services are needed, as many of these individuals have complex chronic diseases and need more accessibility to cost-effective quality healthcare.

The demand for healthcare providers for this expanding aging population as well as for all other age groups is increasing while the numbers of medical physicians are decreasing. According to the Association of American Medical Colleges (2015), there is currently a shortage of physicians that will only worsen. Physicians are aging as well and will be retiring in the next ten years. It is estimated that by 2025, 12,500 to 31,100 additional primary care medical doctors will be needed, along with a need for approximately 63,000 specialty physicians. These physicians will not be easily replaced by younger doctors, as fewer students study medicine due to the high cost of medical training. In the US, the average medical school tuition is $50,000 per year along with additional laboratory fees and living expenses that may exceed $30,000. Therefore, many medical students complete their education with a debt of at least $200,000 that must be repaid. With statistics as these, it is evident that the healthcare needs of the US population will not be adequately met by physicians alone.

Addressing the decreasing accessibility to quality healthcare, the Institute of Medicine (IOM, now known as the National Academy of Medicine), a nonprofit, independent, and multidisciplinary organization providing information to decision makers in US as well as globally to inform or change policies to improve health outcomes, speaks of a need to transform healthcare. The IOM put forth a report entitled *The Future of Nursing*, stating that the healthcare system is in need of a transformation from a provider system that is currently focused only on what is most suitable for the healthcare provider, to one that focuses on the individual needs of patients (Institute of Medicine, 2010, p. 85). This information delineates the need for qualified healthcare providers with the knowledge and skills to care for all populations, who do not necessarily need to be physicians, but can be nurses with advanced practice education and skills. The report specifically addresses the use of APNs in caring for those with complex chronic illnesses and also providing primary health care in the communities they live. Over 100 studies conducted on the quality of APN healthcare outcomes and delivery, patient satisfaction and the cost-effectiveness of APN care demonstrate equal quality of outcomes, better patient satisfaction and decreased cost compared to medical physicians (Bauer, 2010).

APN is a term used for 4 practice roles: certified nurse midwife (CNM), clinical nurse specialist (CNS), certified registered nurse anesthetist (CRNA) and nurse practitioner (NP). APNs who are nurse practitioners (NPs) focus on specific populations; for example, family nurse practitioners (FNPs) who provide primary care across the life span, adult acute care nurse practitioners (ACNPs) who provide care in complex exacerbations of illness, primary care pediatric nurse practitioners (PC-PNPs), acute care pediatric nurse practitioners (AC-PNPs) and psychiatric-mental health nurse practitioners (PMHNPs). In order to practice, all NPs must pass a national certification exam specific to the population they will care for.

The role of the NP was developed in 1965 by Loretta Ford (Ed.D) and Henry Silver (M.D) at the University of Colorado to provide primary care to underserved children through an educational certificate program (Aleshire & Wheeler, 2012; Denisco & Barker, 2015). The NP certificate programs at that time, which combined

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nursing and medical concepts of diagnosis and treatment, grew in number as the need for access to healthcare for all ages became apparent in rural, medically underserved areas. In the 1970s, the education for NPs was elevated to master's levels in nursing as NPs needed additional skills in clinical decision-making, leadership and policy making (Aleshire & Wheeler, 2012).

Why Utilize Advanced Practice Nurses (APNs)

Although there are educational differences between physicians and APNs, the American Academy of Nurse Practitioners AANP, (2013) published a position paper stating there is no evidence to suggest one is superior to the other in terms of patient outcomes, safety and quality of care. In fact, nurses attending APN programs have more experience in clinical situations that graduating medical students. Students enrolled in APN programs are already practicing registered nurses, while beginning medical students do not need to have any clinical experience with patients prior to entering medical school.

Bauer (2010) cites numerous studies demonstrating that APNs provide quality of care equal to that of physicians. Patients also professed more satisfaction with APNs as their healthcare provider because they believe their concerns were listened to, they felt they were partners in the decisions for their care, they received more education on their conditions, as well as more timely follow up (Gadkari, 2013).

APNs provide excellent quality of care as they are required to maintain national certification to practice. Depending on the focus population and the credentialing board, every year or every five years, APNs must provide proof that they are keeping up with evidence based guidelines, through continuing education units or conferences.

"The cost-effectiveness of APNs begins with their academic preparation" (American Academy of Nurse Practitioners AANP, Position Paper, 2013). The cost of an entire APN program is approximately $24,000 to $34,000 compared to $240,000 for physicians. The total tuition for APN education is less than 1 year of tuition for a physician. APN students are considered adult learners, and they are actively working as nurses while they are enrolled in APN studies. Therefore, quality of care and safety of patients in hospital settings is not being jeopardized as these nurses continue in to be employed as they are advancing their education.

APNs are cost-effective in terms of their salaries. Physicians in general practice receive a salary of approximately $180,000 per year, which can range up to $250,000 per year in a specialty such as cardiology (Association of American Medical Colleges, 2013). These salaries are even higher for other specialties and do not include any bonuses many physicians receive for productivity, which means seeing more patients/day or seeing more complex patients than another physician. According to a national survey conducted by The Advance Healthcare Network for NPs (2013) the mean full-time NP's total salary was $97,345, across all types of practice.

According to American Academy of Nurse Practitioners (2013), ninety percent of the 192,000 NPs certified to practice are actively practicing, with 89 % working in primary care settings. For the purposes of this article, only the family nurse practitioner (FNP) role will be discussed as this role has been shown to positively affect the largest number of individuals requiring healthcare access.

The Family Nurse Practitioner (FNP)

The FNP is a master's prepared nurse who focuses on primary care across the lifespan. As defined by the Johns Hopkins Primary Care Policy Center (2015), primary care "provides person-focused (not disease-oriented) care over time … for all but very uncommon or unusual conditions, and coordinates…preventative, curative, and rehabilitative care". Therefore, FNPs are involved in health promotion and maintenance, disease prevention, diagnosis and management of acute and chronic illnesses, pharmacologic and non-pharmacologic treatments, patient/family education, and patient advocacy.

Application and subsequent admission to a FNP program is a rigorous process. Prospective students must provide evidence of a baccalaureate degree in nursing (BSN) with superior grades in basic courses such as pathophysiology, pharmacology, health assessment, as well as all the nursing courses required for a BSN. It is strongly recommended that an applicant have clinical bedside nursing experience for at least 2 years before entering the FNP program.

Once admitted to the program, the student begins the basic master's of science in nursing (MSN) courses on Role of the Advance Practice Nurse, Nursing Theory, Research and Evidence-Based Practice, and Informatics (use of technology for outcomes in patient care). Once these are successfully passed, students then begin their NP specialization courses: Advanced Pathophysiology (which has a strong medical focus), Advanced Pharmacology (which focuses on when to prescribe medications for treatment and on-going management), Advanced Health Assessment (which includes differential diagnoses and advanced assessment skills), Primary Care of the Adult Patient, Primary Care of Children and their Families, Primary Care of Women, Behavioral and Mental Health, and Practicum (which is the integration of all the specialization courses). All of these specialization courses are a requirement for national certification. There is a clinical component to all the primary care courses as well as the practicum. A minimum of 500 clinical hours are required for the national certification exam. Most FNP programs have clinical hours that range from 500 to 640 hours.

A national certification exam must be taken at the conclusion of the FNP program. FNPs work in a variety

of clinical settings in order to improve outcomes and access to health care. These NPs can be found working in government clinics, private clinics, physician offices, urgent care settings, emergency rooms, community health care settings, hospices, and settings specific for geriatric individuals–settings across the lifespan.

APN Issues

Although 50 years have passed since the first nurse practitioner program was developed, there are still issues surrounding APNs in the US. There is a question which has not been resolved as yet as to whether the basic education for an APN should be at a master's level or a Doctor of Nursing Practice (DNP) level. A student graduating from either of these levels may be nationally certified. Currently, the US has APNs who only have a master's degree and there are some APNs who have a DNP degree.

There are four organizations which offer national certification exams for APNs: The American Nurses Credentialing Center, the American Association of Nurse Practitioners, the Pediatric Nurse Certification Board, and the American Association of Critical Care Nurses. APN students and sometime faculty are often confused as to which certifying exam they should take.

Individual US states license APNs and dictate the scope of practice and regulatory oversight for APNs. In some US states, an APN may practice independently with no physician oversight, in other states, the physician must have a supervisory role over the APN, and still in other states, there is a required collaborative agreement between the physician and the APN, delineating the type of patients that an APN may see as well as a list of medications an APN can prescribe. All the states, with the exception of Florida, permit APNs to prescribe drugs from Schedule II-V (sedatives, narcotics and stimulants), if their patients require it.

Other countries throughout the world have also embraced the role of the APN as a cost-effective way to provide quality care that is evidence based (Aleshire & Wheeler, 2012; Christiansen, et al., 2012; Flagerstrom & Glasberg, 2011; Matthews, 2012; Nardi & Diallo, 2014). It is interesting to note that APNs in other countries are experiencing many of the same issues that US APNs are experiencing; issues of education requirements, role of the APN, licensing, scope of practice, and acceptance by the medical community as well as by the public. While studies have been conducted on the safety, quality and cost-effectiveness of APN practice in the US, additional research needs to be done as APN practice roles are expanding in the US as well as globally. To best address these common issues, the International Council of Nurses (ICN) along with the American Academy of Nurse Practitioners (AANP) meet as a group to assist APNs navigate these common issues (Aleshire & Wheeler, 2012). This is a major step towards improving global healthcare outcomes and access through standardization of education, licensure and practice.

Slovenian translation/Prevod v slovenščino

V Združenih državah Amerike (ZDA) se v zadnjem času pojavlja potreba po večjem številu zdravstvenih delavcev in med njimi tudi večjem številu diplomiranih medicinskih sester/diplomiranih zdravstvenikov z naprednimi znanji (advanced practice nurse, v nadaljevanju APN). APN predstavljajo pomembno skupino zdravstvenih delavcev, ki lahko zapolni te potrebe. Ameriški inštituti za varovanje zdravja (The Centers for Disease Control and Prevention – CDC, 2015) poročajo, da je pričakovana življenjska doba v ZDA približno 78,8 let; pri moških v povprečju 76,2, pri ženskah 81 let. Podaljševanje življenjske dobe zahteva dodatno zdravstveno oskrbo, saj se pri številnih starostnikih pojavljajo kompleksne kronične bolezni in z njimi potreba po večji dostopnosti cenovno učinkovite in kakovostne zdravstvene oskrbe.

Potreba po zdravstvenih delavcih, ki bi oskrbovali to vedno številnejšo populacijo starostnikov ter tudi druge starostne skupine, se povečuje, medtem ko število zdravnikov upada. Podatki Združenja ameriških medicinskih fakultet (Association of American Medical Colleges – AAMC, 2015) kažejo, da je že sedaj število zdravnikov nezadostno, stanje pa se še slabša. V naslednjih desetih letih se bo velik del trenutno aktivnih zdravnikov predvidoma upokojil. Da bi lahko zagotovili ustrezno zdravstveno oskrbo, bi na primarni zdravstveni ravni potrebovali 12.500 do 31.000 dodatnih zdravnikov in približno 63.000 zdravnikov specialistov. Upokojene zdravnike bo težko nadomestiti z mlajšimi, saj se v študij medicine predvsem zaradi visokih šolnin vključuje vedno manj študentov. V ZDA povprečna letna šolnina na medicinski fakulteti znaša 50.000 dolarjev, dodatno pa je treba pokriti še stroške laboratorijskih vaj in življenjske stroške, ki letno lahko presegajo celo 30.000 dolarjev. Številni študenti medicine morajo po koncu študija vrniti posojilo, ki znaša najmanj 200.000 dolarjev. Omenjeni statistični podatki kažejo, da potreb po zdravstveni oskrbi v ZDA ne bo mogoče zadovoljiti samo z zdravniki.

V zvezi s problemom slabše dostopnosti kakovostne zdravstvene oskrbe je Institute of Medicine (IOM – Inštitut za medicino, poznan tudi kot National Academy of Medicine – Nacionalna medicinska akademija) predlagal spremembo zdravstvenega sistema. IOM je neprofitna, neodvisna in multidisciplinarna organizacija, ki zbira in posreduje relevantne podatke pristojnim institucijam v ZDA in drugod po svetu, na osnovi katerih se sprejemajo odločitve in zdravstvena politika glede prenove sistema zdravstvene oskrbe za izboljšanje zdravja. IOM je pripravil poročilo z naslovom *The Future of Nursing* (*Prihodnost zdravstvene nege,* 2010, p. 85), v katerem ugotavlja, da je nujna sprememba zdravstvenega sistema, kjer bodo v ospredju potrebe pacientov in ne več samo zdravstvenih delavcev. Poročilo izpostavlja potrebo po usposobljenih zdravstvenih delavcih, ki imajo znanja in spretnosti za oskrbovanje vseh skupin prebivalstva. Ti zdravstveni delavci niso nujno le zdravniki, lahko so tudi diplomirane

medicinske sestre/diplomirani zdravstveniki, ki imajo napredna in poglobljena podiplomska znanja in spretnosti (APN). V poročilu so posebno izpostavljeni APN, ki bi lahko oskrbovali paciente s kompleksnimi kroničnimi boleznimi in zagotavljali primarno zdravstveno oskrbo v skupnostih, kjer živijo. Več kot 100 raziskav o kakovosti izvedbe in rezultatov dela APN skupaj s podatki o zadovoljstvu pacientov in cenovni učinkovitosti te oskrbe kaže, da APN v primerjavi z zdravniško oskrbo dosegajo enako kakovost rezultatov zdravljenja, večje zadovoljstvo pacientov in manjše stroške (Bauer, 2010).

Strokovni naslov APN v ameriškem okolju vključuje štiri profile diplomiranih medicinskih sester/diplomiranih zdravstvenikov: diplomirana medicinska sestra/diplomirani zdravstvenik babica/babičar, le-ta ima dve licenci (certified nurse midwife – CNM), diplomirana medicinska sestra/diplomirani zdravstvenik klinični specialist (clinical nurse specialist – CNS), diplomirana medicinska sestra/diplomirani zdravstvenik v anesteziji (certified registered nurse anesthetist – CRNA) in diplomirana medicinska sestra/diplomirani zdravstvenik z naprednimi znanji za specifične skupine prebivalstva (nurse practitioner – NP). Glede na specifiko dela se slednji delijo na diplomirane medicinske sestre/diplomirani zdravstveniki z naprednimi znanji iz družinske zdravstvene nege (family nurse practitioner – FNP), le-ti zagotavljajo primarno zdravstveno oskrbo posameznikov v vseh življenjskih obdobjih; diplomirane medicinske sestre/diplomirani zdravstveniki z naprednimi znanji iz akutne obravnave odraslih (adult acute care nurse practitioner – ACNP), le-ti zagotavljajo zdravstveno oskrbo v primeru kompleksnega poslabšanja bolezni; diplomirane medicinske sestre/diplomirani zdravstveniki z naprednimi znanji iz pediatrije na primarni ravni (primary care pediatric nurse practitioners – PC-PNP); diplomirane medicinske sestre/diplomirani zdravstveniki z naprednimi znanji iz akutne pediatrije (acute care pediatric nurse practitioners – AC-PNP) in diplomirane medicinske sestre/diplomirani zdravstveniki z naprednimi znanji iz psihiatrije (psychiatric-mental health nurse practitioners – PMHNP). Pogoj za opravljanje dela je uspešno opravljen strokovni izpit, ki je prilagojen potrebam družbene skupine, za katero NP skrbi.

Loretta Ford (dr. pedagoških znanosti) in Henry Silver (dr. med.) sta leta 1965 na University of Colorado (Univerza Colorado) oblikovala izobraževalni program, opis poklica in kompetence NP, s čimer sta otrokom s pomanjkljivo zdravstveno oskrbo želela zagotoviti ustrezno strokovno zdravljenje na primarni ravni (Aleshire & Wheeler, 2012; Denisco & Barker, 2016). Število tovrstnih programov, ki so v tistem obdobju povezovali negovalne in medicinske koncepte, diagnoze in zdravljenja, se je povečevalo skladno z vedno večjimi potrebami po dostopnosti zdravstvene oskrbe prebivalcev vseh starosti, predvsem v ruralnih, slabše zdravstveno oskrbovanih okoljih. V 70-ih letih prejšnjega stoletja so te dodiplomske študijske programe nadgradili z magistrskimi študiji, saj so diplomirane medicinske sestre/diplomirani zdravstveniki potrebovali dodatna znanja in spretnosti na področju kliničnega odločanja, vodenja in zdravstvene politike (Aleshire & Wheeler, 2012).

Področja dela diplomirane medicinske sestre/diplomiranega zdravstvenika z naprednimi znanji (APN)

Čeprav so v izobraževanju zdravnikov in APN pomembne razlike, je American Academy of Nurse Practitioners (AANP – Ameriška akademija NP) objavila temeljni vzpostavitveni dokument (2013), ki ugotavlja, da pri delu APN in zdravnikov ni pomembnih razlik glede izboljšanja bolnikovega stanja, varnosti in kakovosti zdravstvene oskrbe. Dejansko imajo diplomirane medicinske sestre/diplomirani zdravstveniki, ki se vključijo v programe APN, več kliničnih izkušenj kot novi diplomanti medicinskih fakultet. Diplomirane medicinske sestre/diplomirani zdravstveniki, ki so vključujejo v programe APN, so že zaključili dodiplomski študij in morajo imeti delovne izkušnje, medtem ko študenti, ki se vpisujejo na medicinsko fakulteto, ne potrebujejo predhodne klinične prakse.

Bauer (2010) omenja številne raziskave, ki potrjujejo, da je kakovost zdravstvene oskrbe APN enakovredna zdravniški. Pacienti so izrazili tudi večje zadovoljstvo z oskrbo APN, saj imajo občutek, da jim APN prisluhnejo, da lahko soodločajo o svoji oskrbi, da so bolje obveščeni o svojem zdravstvenem stanju ter da pogosteje pravočasno opravijo kontrolne preglede (Gadkari, 2013).

Kakovost zdravstvene oskrbe APN zagotavljajo tudi nacionalna dokazila o strokovni usposobljenosti za opravljanje dela. Veljavnost dokazil mora APN obnavljati vsako ali vsako peto leto glede na oskrbovane družbene skupine in določila komisije, ki podeljuje dovoljenja. APN morajo dokazati, da spremljajo smernice in izvajajo z dokazi podprto zdravstveno obravnavo in se udeleževati predpisanih oblik izobraževanja in strokovnih srečanj.

Temeljni vzpostavitveni dokument (AAPN) izpostavlja, da se »cenovna učinkovitost prične z akademsko izobrazbo« *(opomba uredništva: strokovni magisterij ali strokovni doktorat)*. Strošek celotnega programa APN dosega približno 24.000 do 34.000 dolarjev, medtem ko izobraževanje zdravnikov znaša 240.000 dolarjev. Celotni strošek šolanja APN je torej nižji kot šolnina enoletnega študijskega programa medicine. Študenti APN so odrasli študenti, ki aktivno delajo s pacienti v praksi. Kakovost zdravstvene oskrbe in varnost pacientov tako ni ogrožena, saj te diplomirane medicinske sestre/diplomirani zdravstveniki med nadaljevanjem šolanja ostajajo zaposleni.

APN so cenovno učinkovite tudi glede plačila za delo. Letni zaslužek zdravnikov splošne medicine znaša približno 180.000 dolarjev, plača zdravnikov specialistov, npr. kardiologov, pa tudi do 250.000 dolarjev (AAMC, 2013). Zaslužki specialistov na drugih medicinskih področjih pa so lahko še višji in to brez dodatnih bonusov, ki se priznavajo številnim zdravnikom za

delovno učinkovitost (večje število pacientov dnevno ali pacienti s kompleksnejšimi obolenji). Podatki raziskave The Advanced Healthcare Network for NPs (Mreža napredne zdravstvene oskrbe za NP, 2013) kažejo, da je bil povprečni celokupni zaslužek NP za polni delovni čas v vseh delovnih okoljih 97.345 dolarjev.

Devetdeset odstotkov od 192.000 NP z delovno licenco, dejansko opravlja naprednejšo zdravstveno obravnavo v praksi, skoraj vse (89 %) na primarni ravni (AANP, 2013). V članku je predstavljena le vloga družinskih NP, saj ima njihovo delo pozitivni učinek na največje število posameznikov, ki potrebujejo dostop do zdravstvene oskrbe.

Diplomirane medicinske sestre/ diplomirani zdravstveniki z naprednimi znanji, ki delajo v družinski zdravstveni negi (FNP)

FNP je diplomirana medicinska sestra/diplomirani zdravstvenik z magisterijem, ki deluje na primarni ravni in skrbi za posameznike v vseh življenjskih obdobjih. Johns Hopkins Primary Care Policy Center (Center za politiko primarne zdravstvene oskrbe Johns Hopkins, 2015) primarno oskrbo opredeljuje kot kontinuirano oskrbo vseh pacientov, razen tistih z neobičajnimi in redkimi boleznimi. Ta oskrba je usmerjena na posameznika in ne na bolezen in usklajuje zdravstveno oskrbo na področju preventive, zdravljenja in rehabilitacije. Zatorej se FNP vključujejo v promocijo in vzdrževanje zdravja, preprečevanje bolezni, diagnozo in vodenje akutnih in kroničnih bolezni, farmakološko in nefarmakološko zdravljenje, zdravstveno vzgojo bolnikov in njihovih družinskih članov ter nastopajo kot zagovornice pacientovih pravic.

Prijava in vključitev v študijski program FNP je zahteven postopek. Bodoči študenti morajo predložiti dokazila o zaključenem dodiplomskem izobraževanju na področju zdravstvene nege (baccalaureate degree in nursing – BSN) z dobrimi ocenami pri temeljnih predmetih, na primer patofiziologija, farmakologija, ocenjevanje zdravstvenega stanja ter pri temeljnih predmetih s področja zdravstvene nege. Priporočljivo je, da imajo kandidati pred vpisom vsaj dve leti kliničnih izkušenj.

Študij se prične s predmeti, ki obravnavajo znanstvene osnove zdravstvene nege na magistrski ravni, kot so: vloga APN, teorije zdravstvene nege, raziskovanje in z dokazi podprto delo, informatika (uporaba informacijske tehnologije pri zdravstveni oskrbi pacienta). Študij se nadaljuje s specialističnimi predmeti, kot so: napredne vsebine s področja patofiziologije (s poudarkom na medicinskem vidiku), napredne vsebine s področja farmakologije (s poudarkom na predpisovanju zdravil in nadaljnjem zdravljenju), napredne vsebine s področja ocenjevanja zdravstvenega stanja (ki vključuje diferencialno diagnostiko in napredne spretnosti ocenjevanja zdravstvenega stanja), primarna zdravstvena oskrba odraslega, primarna zdravstvena oskrba otrok in njihovih družin, primarna zdravstvena oskrba žensk, vedenjska terapija in duševno zdravje ter praktično usposabljanje (slednje je integracija vsebine vseh specialističnih predmetov). Za pridobitev nacionalnega dokazila o strokovni usposobljenosti za opravljanje dela je potrebno uspešno opraviti preizkus znanja pri vseh predmetih in vsaj 500 ur kliničnega usposabljanja. Večina programov FNP vključuje od 500 do 640 ur kliničnega usposabljanja.

Izpit za pridobitev nacionalnega dokazila o strokovni usposobljenosti za opravljanje dela se opravlja ob zaključku programa FNP. FNP delajo v različnih kliničnih okoljih in pripomorejo k višji kakovosti in boljši dostopnosti zdravstvene oskrbe. Skrbijo za posameznike v vseh življenjskih obdobjih in so zaposleni v državnih in zasebnih klinikah, ambulantah, oddelkih nujne medicinske pomoči, patronaži, hospicih ter domovih za starostnike.

Diplomirane medicinske sestre/ diplomirani zdravstveniki z naprednimi znanji (APN) – Odprta vprašanja

Čeprav so se prvi izobraževalni program za NP v ZDA oblikovali že pred petdesetimi leti, še vedno ostajajo določena odprta vprašanja v zvezi z APN. Še vedno je nerešeno vprašanje, ali je temeljna izobrazba APN zaključen strokovni magistrski ali doktorski študij, usmerjen v klinično delo (Doctor of Nursing Practice – DNP). Tako magistri kot doktorji lahko pridobijo dokazilo o strokovni usposobljenosti za opravljanje dela APN. V ZDA so med APN diplomirane medicinske sestre/diplomirani zdravstveniki z magisterijem in doktoratom (DNP).

Trenutno štiri organizacije v ZDA ponujajo ustrezne certifikacijske izpite (licence) za APN: The American Nurses Credentialing Center, The American Association of Nurse Practitioners, the Pediatric Nurse Certification Board in The American Association of Critical Care Nurses. Študenti APN in tudi fakultete so pogosto v dilemi, kakšne vrste izpit je treba opraviti za dodelitev nacionalnega dovoljenja.

Posamezne ameriške države podeljujejo dovoljenja in določajo področje dela in nadzor nad delom APN. V nekaterih državah lahko APN delujejo samostojno, drugod pa delo APN nadzoruje zdravnik. Ponekod APN in zdravnik nujno sodelujeta, pri čemer je jasno določeno, katere vrste bolnikov obravnava APN in katera zdravila lahko predpiše samostojno. V vseh državah, razen na Floridi, lahko APN predpisujejo zdravila iz predpisanega seznama (Schedule II-V: pomirjevala, narkotiki, stimulanti).

Tudi v drugih državah po svetu so sprejeli vlogo APN, ki predstavljajo cenovno sprejemljivo in učinkovito zdravstveno osebje, ki zagotavlja z dokazi podprto kakovostno zdravstveno oskrbo (Aleshire & Wheeler, 2012; Christiansen, et al., 2012; Flagerstrom & Glasberg, 2011; Matthews, 2012; Nardi & Diallo, 2014). Zanimivo je dejstvo, da se APN tudi v drugih državah srečujejo s podobnimi problemi kot v ZDA. Tudi drugod še niso

rešena vprašanja zahtevane izobrazbene stopnje, vloge APN, podeljevanja nacionalnih dovoljenj, obsega dela APN, sprejetja APN s strani zdravnikov in tudi širše skupnosti. Čeprav so bile opravljene številne raziskave o varnosti, kakovosti in cenovni učinkovitosti dela APN, je potrebno raziskovanje nadaljevati, saj se vloga APN tako v ZDA kot tudi drugod po svetu vedno bolj uveljavlja in širi. Do teh vprašanj bi se moral opredeliti Mednarodni svet medicinskih sester (International Council of Nurses – ICN) skupaj z American Academy of Nurse Practitioners (AANP), ki bi usmerjala APN in pomagala rešiti navedene probleme in dileme (Aleshire & Wheeler, 2012). To bi bil pomemben korak k izboljšanju kakovosti in dostopnosti širše zdravstvene oskrbe s standardizacijo izobraževanja, izdajanja nacionalnih dovoljenj in dela v praksi.

Literature

Advance Healthcare Network for NPs and PAs 2014, 2013. *National salary survey results*. Available at: http://nurse-practitioners-and-physician-assistants.advanceweb.com/Features/Articles/2013-National-Salary-Survey-Results.aspx [23. 5. 2015].

Aleshire, M. & Wheeler, K., 2012. The future of nurse practitioner practice: a world of opportunity. *Nursing Clinics of North America,* 47(2), pp. 181–191. http://dx.doi.org/10.1016/j.cnur.2012.04.002 PMid:22579054

American Academy of Nurse Practitioners (AANP), 2013. *Position paper: nurse practitioner cost-effectiveness*. Available at: http://www.aanp.org/images/documents/publications/costeffectiveness.pdf [22. 5. 2015].

Association of American Medical Colleges, 2015. *Physician supply and demand through 2015: key findings*. Available at: https://www.aamc.org/download/426260/data/physiciansupplyanddemandthrough2025keyfindings.pdf [8. 5. 2015].

Association of American Medical Colleges, 2013. *Starting salaries for physicians*. Available at: https://www.aamc.org/services/first/first_factsheets/399572/compensation.html [22. 5. 2015].

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(4), pp. 228–231. http://dx.doi.org/10.1111/j.1745-7599.2010.00498.x PMid:20409261

Centers for Disease Control and Prevention, 2015. *Life expectancy 2015*. Available at: http://www.cdc.gov/nchs/fastats/life-expectancy.htm [8. 5. 2015].

Christiansen, A., Vernon, V. & Jinks, A., 2012. Perceptions of the benefits & challenges of the role of advanced practice nurses in nurse-led out-of-hours care in Hong Kong: questionnaire study. *Journal of Clinical Nursing,* 22(7-8), pp. 1173–1181. http://dx.doi.org/10.1111/j.1365-2702.2012.04139.x PMid:22861053

Denisco, S. & Barker, A., 2015 *Advanced practice nursing: essential knowledge for the profession.* 3rd ed. Burlington, MA: Jones & Bartlett, pp. 20–21.

Fagerstrom, L. & Glasberg, A. 2011. The first evaluation of the advanced practice nurse role in Finland-the perspective of nurse leaders. *Journal of Nursing Management,* 19(7), pp. 925–923. http://dx.doi.org/10.1111/j.1365-2834.2011.01280.x PMid:21988440

Gadkari, M., 2013. *New survey: physicians, nurse practitioners disagree on nurses' role in providing primary care*. Available at: http://www.rwjf.org/en/culture-of-health/2013/05/new_survey_physicia.html [24. 5. 2015].

Institute of Medicine (IOM), 2010. *The future of nursing*. Available at: http://www.iom.edu/Reports/2010/The-future-of-nursing-leading-change-advancing-health.aspx [23. 4. 2015].

Johns Hopkins Primary Care Policy Center, 2015. *Definitions*. Available at: http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-primary-care-policy-center/definitions.html [23. 4. 2015].

Matthews, S. 2012. The nurse practitioner: an opportunity for an advanced, autonomous, clinical role in the specialty area of rehabilitation nursing in Australia. *Journal of the Australasian Rehabilitation Nurses Association,* 15(3), pp. 6–9.

Nardi, D. & Diallo, R., 2013. Global trends and issues in APN practice: Engage in the change. *Journal of Professional Nursing*, 30(3), pp. 228–232. http://dx.doi.org/10.1016/j.profnurs.2013.09.010 PMid:24939332

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