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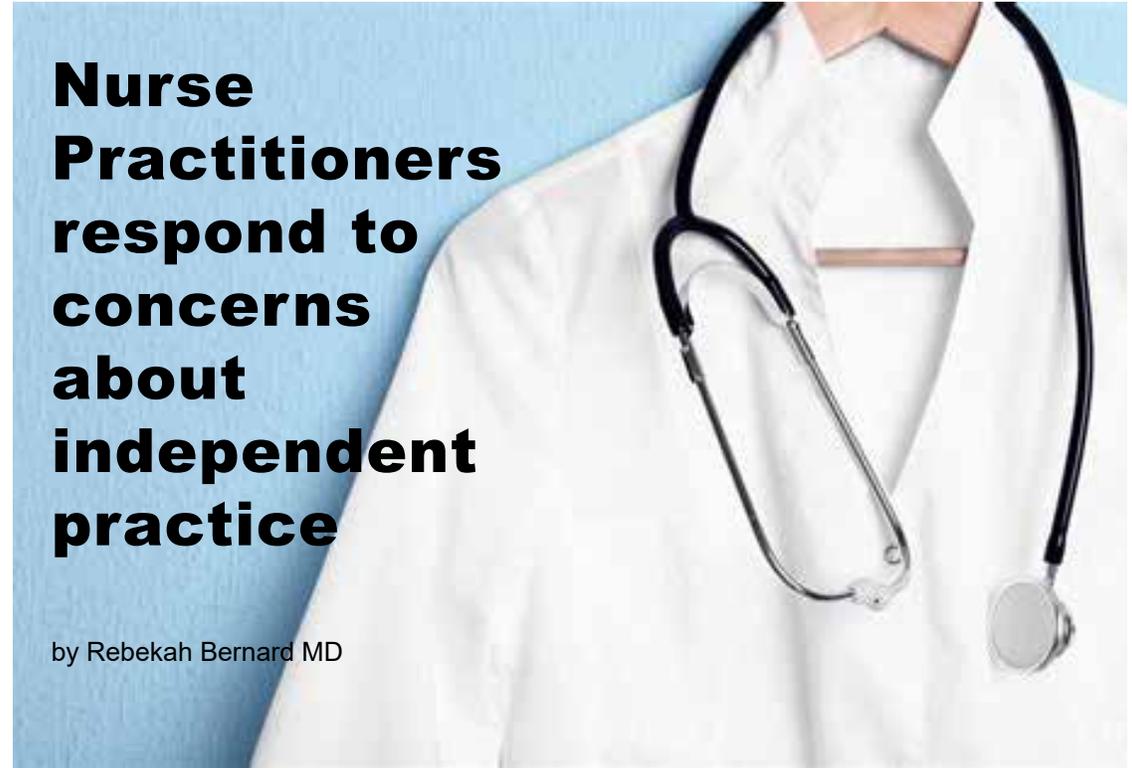
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Nurse Practitioners respond to concerns about independent practice

by Rebekah Bernard MD



Shortly after the publication of “Independent practice: Both nurse practitioners and physicians should be outraged” (January 5, and reprinted in the February PCMS Newsletter), the Nurse Practitioner (NP) leadership responded with a press release, denouncing the concerns that were cited, calling them “rhetoric.”

But in contrast to this criticism from the political end of the NP spectrum, I was inundated by emails from working NPs across the country in support of the article.

Since the NP leadership requested a response, I can’t think of a better one than to present them with the words of their own constituents. In fact, in reading these comments they may find that they themselves

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*Rebekah Bernard is a family physician and the author of *How to Be a Rock Star Doctor: The Complete Guide to Taking Back Control of Your Life and Your Profession*. She can be reached at her self-titled site, *Rebekah Bernard, MD*.*



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are the ones “out of touch with the realities of health care delivery today.”

Take Ryan in Pennsylvania, for example. He felt so strongly about the article that he was compelled to write me: “I am a young NP and have long been an outspoken opponent against independent practice. There is certainly enough work for all of us, and it scares and angers me that schools and professional NP societies are tarnishing our reputations in the changes they pursue.”

Or Pam, an acute care NP, who wrote, “I read your article and so appreciated your approach to the issue and agree with many of your points. I, too, have patient safety first at the heart of my practice and do not believe independent practice is the ideal. I also agree that we are now pushing unqualified and largely clinically unsupervised nurses through cyber-programs that have no interest in failing a poorly prepared candidate.”

In their press release, the leadership argue that NPs are being held back by physicians, and are particularly critical of collaborative agreements, decrying them as “financial vehicles designed to profit physicians.” But many NPs wrote to me expressing their appreciation for such arrangements.

Newer NPs recognize that there is much still to learn - like Ryan, who wrote: “I enjoy the collaborative nature of practicing under a physician and believe the strengths of an NP or PA

are best utilized in that format. The strength of an intelligent person is knowing one's limits.”

Or Brian, a last-semester FNP/AGACNP student who has been an emergency department and intensive care nurse for a decade, who wrote: “The fact of the matter is that I don't want to practice without a doc. This isn't an ego game, and I feel that many NPs (along with our professional organizations) are making it into such.”

But even the most seasoned NPs value a relationship with a physician, like Sherry, who wrote, “As a veteran nurse of 34 years and an Acute Care NP for 11 years, I am fortunate to be in a wonderful collaborative practice at a community hospital in the suburbs of Chicago. I never take for granted the value of the physicians who dedicated their lives to medical school. I consider myself to be an old nurse with sharp physical assessment skills, a drive to always push myself to know more, but I will never believe my training is equal to a physician. Keep up your fight for the safety of all mankind, for some day we will occupy those critical care beds too.”

Mary, a self-described “old” NP with 20 years' experience – “one of the first NPs in central Louisiana,” pointed out the value of working with physicians. “I agree and appreciate you voicing the reality of the difference in MD vs NP training. I feel that I had excellent University-based training, but it could never be equated to a residency. I feel

I was trained to supplement/extend the physician care, not take its place.”

Carol, a family NP in Tennessee with “almost 30 years of nursing experience” before becoming an NP was very clear. “I do NOT want complete autonomy; I do want collaboration with my physician cohorts.”

The press release had little response to one of the biggest concerns listed in my article: the decreased quality of NP education. This is something that working NPs and students wrote me about.

Mary, the NP from Louisiana, wrote: “I am appalled at the NP schools requiring no RN experience for admission. I was an RN for 23 years and still found the shift to NP a total paradigm shift. “

Pam, the ACNP from Illinois has seen this with her own eyes. “When I began my program, there was a 22-year old girl who had not yet even sat for her RN licensure. I was astounded.”

Citing a colleague who recently graduated from the direct entry Vanderbilt program, Carol, the FNP from Tennessee wrote: “Every nurse and non-nurse that can fog a mirror wants to go to NP school and can just about get accepted by one if the money is right.”

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PCMS NEWS

calendar of events

SEPTEMBER 26, 2018

Lunch & Learn

Service and Emotional Support Animals
Rebecca Tutton, J.D., R.N., AMIC



Learn the differences between what constitutes a service animal and an emotional support animal and what a clinic may and may not ask an individual about their animal. Learn about which laws apply to the animals and if a clinic must allow the animal in the clinic and what policies should be in place to avoid discrimination actions.

OCTOBER 31, 2018

Webinar

Navigating the Compliance, Risk, and Cybersecurity Landscape for Healthcare
Navin Balakrishnaraja for DataMax

The journey to compliance and security goes much further than a one-time risk assessment. The responsibilities of keeping patient information secure weigh heavier with the onslaught of data breaches, requiring an ongoing, organization-wide strategy.

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Nurse Practitioners respond to concerns about independent practice

Doug, a DNP student agreed: "I refer to these online programs as 'fly-by-night practitioner programs'...I hate to see nurses with no experience or 1-2 years with a BSN and very little work experience allowed into NP or DNP programs. Unfortunately, this is what is happening." And M.R., a FNP student who is currently attending an online program writes: "I could not agree with you more. Most of the [online] colleges will never match medical school training and hours dedicated to becoming a physician. My son is attending medical school. As a mother of a med student and as an RN trying to obtain my NP certificate, I understand your views."

The NP press release concluded with a call to work together to increase access to health care. Perhaps they should take their cue from Sherry, ACNP, who wrote: "Thank you for expressing your outrage with the state of healthcare with the projected shortage of physician providers. It is terribly unfortunate to watch the profession of nursing mass-produce nurses, and then allow these novice nurses to enter advanced practice programs that have limited curriculum to prepare them to care for patients without supervising physicians, much less independently."

The NP leadership would be well-served to listen to its constituents, who are gravely suffering under their policies. As Carol lamented: "The NP status meant something at one time; no more. I sincerely wish I had remained an RN. I feel like I must struggle for my identity now."

NPs: the physicians at Physicians for Patient Protection hear your concerns. We want to work together with you to improve patient safety, and we encourage you to join us on our Facebook page Physicians for Patient Protection – Advocacy and Education. Your concerns are valid, and you are not alone. Physicians, nurses, and patients working together can make a difference in health care.

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PCMS NEWS

2018 PCMS CAROLYN CLAYTON SCHOLARSHIP AWARDED



The 2018 PCMS Carolyn Clayton Scholarship was awarded on August 7, 2018 to Rebecca Moreira. Ms. Moreira is a Chemistry and Spanish Major from the University of Arkansas at Little Rock. She has volunteered at the UAMS 12th Street Health and Wellness Center and Shepherd's Hope Clinic as an interpreter. She also received the UALR Signature Experience and the Department of Chemistry Excellence in Research awards.

DR. ABDEL AL EMAM JOINS CHI ST. VINCENT HEART INSTITUTE



Dr. Abdel Al Emam has joined CHI St. Vincent Heart Institute at 10100 Kanis Road in Little Rock. He will also be seeing patients at the CHI St. Vincent Heart Institute clinic in Heber Springs.

He completed interventional cardiology and general cardiology fellowships at the University of Nebraska Medical Center in Omaha, Neb., and an Advanced Heart Failure and Transplant cardiology fellowship at the University of Texas Medical Branch and Houston Methodist DeBakey Heart and Vascular Center in Houston.

Dr. Al Emam is board certified in internal medicine, echocardiography and nuclear cardiology.

DR. ASHISH TIKOTEKAR JOINS CHI ST. VINCENT PULMONOLOGY CLINIC



Ashish Tikotekar, MD, has joined CHI St. Vincent and is welcoming patients at CHI St. Vincent Pulmonology Clinic in Little Rock and at CHI St. Vincent Multispecialty Clinic-North in Sherwood.

Dr. Tikotekar specializes in pulmonary care and sleep care for patients with lung problems and sleep disorders. He is board certified, and he earned his medical degree at the Mount Sinai School of Medicine in New York.

2018 FRESHMAN ORIENTATION LUNCHEON



The Pulaski County Medical Society hosted the lunch on the first day of freshman orientation at the school of medicine on Tuesday, August 7, 2018. Society President Amir Qureshi, MD gave a brief presentation about the society and its rich history with the medical college. Freshman Madison Shaw was the lucky winner of the stethoscope that the society gave away after the presentation.

CHI ST. VINCENT OPENS UROGYNECOLOGY CLINIC



Dr. Barr

CHI St. Vincent has opened its new urogynecology clinic. Dr. Barr and Dr. Oliphant are welcoming patients at the clinic located at the CHI St. Vincent Blandford Building, 5 St. Vincent Circle, Suite 300, in Little Rock. Urogynecologists specialize in treatment of women's pelvic floor disorders and treating conditions such as incontinence, organ prolapse and bladder pain.

Dr. Barr is a graduate of the University of Arkansas for Medical Sciences, and she completed her residency and fellowship at St. Louis University Health Sciences Center. She was a faculty member at St. Louis University before launching the Female Pelvic Medicine and Reconstructive Surgery Division of the Department of Obstetrics and Gynecology at UAMS. She is board certified in female pelvic medicine and reconstructive surgery.



Dr. Oliphant

Dr. Oliphant earned her medical degree from the University of North Carolina School of Medicine and completed her residency and fellowship at the University of Pittsburgh Magee-Women's Hospital in Pittsburgh. She also has a master's degree in clinical research and is board certified in both obstetrics and gynecology and in female pelvic medicine and reconstructive surgery.



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