



Program Characteristics in Advanced Practice Nursing Education Programs

2013

This update presents data for the 25 schools offering advanced nursing education programs leading to Advanced Practice Registered Nurse (APRN) licensure in Texas during the 2013 reporting year. These schools represent 31 programs:

- 4 Nurse Anesthetist programs,
- 2 Nurse Midwife programs,
- 21 Nurse Practitioner programs, and
- 4 Clinical Nurse Specialist programs.

The Texas Center for Nursing Workforce Studies (TCNWS) collected data in the 2013 Board of Nursing's (BON) Nursing Education Program Information Survey (NEPIS) that was available online as of October 1, 2013. The reporting period was academic year (AY) 2012-2013 (September 1, 2012 – August 31, 2013) unless otherwise noted. TCNWS collaborated with the BON in the design and dissemination of the survey.

per 100,000 population in non-border counties (53.1).

- Although the location of APRN programs does not necessarily affect the location of the APRN workforce, it is important to consider the possible effects of program location on the geographic distribution of the workforce.

Table 1. Geographic Designation of the Main Campuses

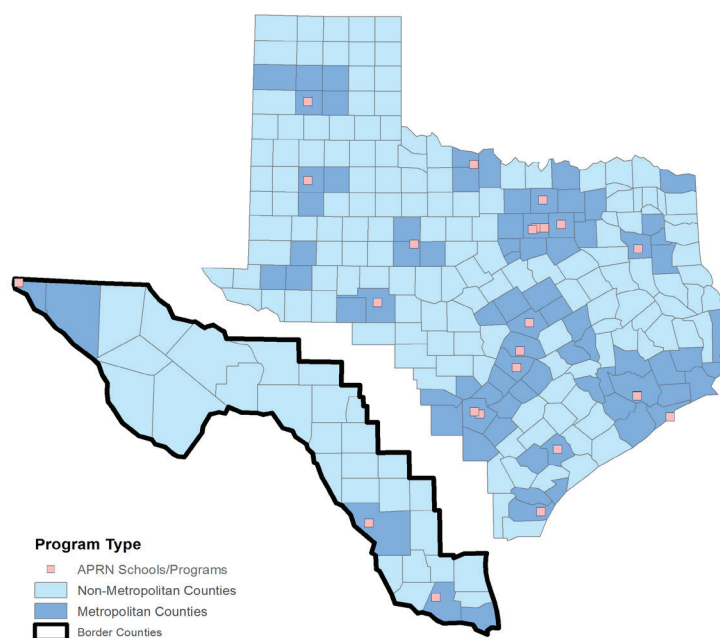
Geographic Designation	# of Schools	Percent of Schools
Metropolitan Border	3	12%
Non-Metropolitan Border	0	0%
Metropolitan Non-Border	22	88%
Non-Metropolitan Non-Border	0	0%

Geographic Location of APRN Programs

Table 1 and Figure 1 present the location of schools that offered APRN programs in Texas by geographic designation.

- The 25 schools were located in 20 different counties in Texas. All schools were located in metropolitan areas.
- Three schools offered programs in a metropolitan border county.
- The remaining schools (88%) were located in a metropolitan non-border county.
- Within the 2013 APRN workforce, there was a lower ratio of APRNs per 100,000 population in non-metropolitan counties (28.8 APRNs per 100,000 population) compared to the ratio in metropolitan counties (54.0 APRNs per 100,000 population). There was also a disparity in the ratio of APRNs per 100,000 population in border counties (35.9) compared to the ratio of APRNs

Figure 1. Geographic Location of the Main Campuses



Changes in the Number of APRN Programs

Table 2 displays the changes over time in the number of APRN programs.

- The total number of APRN programs available decreased slightly from 2011 to 2012, but increased by one program from 2012 to 2013.
- During the academic year 2012-2013, two new programs opened and one program closed.

Table 2. Changes in the Number of APRN Programs, 2010-2013

	# New Programs	# Closed Programs	Total # of Programs
2010	-	-	32
2011	1	1	32
2012	0	2	30
2013	2	1	31

Table 3 shows the number of APRN programs, by program type, over the past four years.

- The number of Nurse Anesthetist programs and the number of Nurse-Midwife programs have remained steady from 2010 to 2013.
- Nurse Practitioner programs increased by one program from 2010 to 2011, and increased by two programs from 2012 to 2013.
- The number of Clinical Nurse Specialist programs steadily decreased from 2010 to 2013. There were half as many programs in 2013 as there were in 2010.

Table 3. Number of APRN Programs by Program Type, 2010-2013

	2010	2011	2012	2013
Nurse Anesthetist	4	4	4	4
Nurse-Midwife	2	2	2	2
Nurse Practitioner	18	19	19	21
Clinical Nurse Specialist	8	7	5	4

Population Focus Areas in APRN Programs

A population focus area is the section of the population for which the student has been prepared to be licensed to practice under the Texas Board of Nursing. Tables 4 and 5 list the number of schools that offered Clinical Nurse Specialist and Nurse Practitioner programs, respectively, in each population focus area.

- Nurse Practitioner programs were offered by 21 of the 25 schools, with tracks in 8 population focus areas. The most commonly offered population focus area was family, which was offered by all schools with an NP program.
- Four schools offered a Clinical Nurse Specialist program. Of these programs, population focus areas offered included adult/gerontology, adult health/medical-surgical, and pediatric.
- Most schools (21 out of 25) also reported that they offered tracks that did not lead to licensure for advanced practice in Texas: 15 schools offered a nursing education track, 12 schools offered a nursing administration track, and 6 schools offered a clinical nurse leader track.
- Schools were also asked if they offered any dual-track programs. None of the programs offered dual-track programs.

Table 4. Clinical Nurse Specialist Population Focus Areas

Clinical Nurse Specialist (n= 4 schools)	
Population Focus Area	Number of Schools
Adult Health / Medical-Surgical	1
Adult / Gerontology	3
Pediatric	1

Table 5. Nurse Practitioner Population Focus Areas

Nurse Practitioner (n= 21 schools)	
Population Focus Area	Number of Schools
Acute Care Adult	6
Acute Care Pediatric	2
Adult/Gerontology	5
Family	21
Neonatal	3
Pediatric	7
Psychiatric / Mental Health	4
Women's Health	1



Programs of Study: Diagnosis and Management

In the 2013 NEPIS, Clinical Nurse Specialist programs were asked to report whether they offer a course on diagnosis and management. The course prepares the Clinical Nurse Specialist to make medical diagnoses and medically manage individuals within the specialty area. This is also one of the courses that APRNs are required to take in order to be approved for prescriptive authority by the Board of Nursing.

- All four Clinical Nurse Specialist programs offered a course on diagnosis and management.
- Two programs reported that a course on diagnosis and management was required and two schools indicated that the course on diagnosis and management was optional.

Programs of Study: Interprofessional Collaboration

The 2013 NEPIS included a question on interprofessional collaboration, based on a recommendation from the Institute of Medicine's Future of Nursing report. Programs were asked to indicate the number of required nursing courses that offer clinical or simulation experiences for both APRN students and one or more types of other graduate level health professional students. "Other graduate level health professional students" may include physician, physician assistants, pharmacists, etc.

- Thirteen schools reported that they do not require any nursing courses that include other graduate level health professional students.
- The remaining nine schools required nursing courses that included other graduate level health professional students. The number of courses involving interprofessional collaboration ranged from 2 courses to 24 courses.

Programs of Study: Online Availability

Programs were asked whether they offered nursing courses via online technology. Of the 25 schools that offered advanced practice nursing education programs,

- Six schools (24%) offered the entire didactic curriculum online.

- Eleven schools (44%) offered select courses entirely online.
- Seventeen schools (68%) offered web-enhanced sections of courses online (blended/hybrid courses).
- One school had no online course availability.

Please note that programs may offer select courses entirely online and select courses as hybrids. Also note that all programs, whether or not they offer any portion of their program online, require hands-on, face-to-face clinical experiences. Didactic curriculum is defined as including actual hours of classroom instruction in nursing and non-nursing Board-required courses/content.

Models of Education

Programs were also asked to select the models of education they provided for their APRN tracks.

- 24 schools provided a master's degree model.
- 18 schools provided a post-master's certificate.
- Six schools offered a post-master's practice doctorate (DNP/DNAP).
- Three schools offered a post-baccalaureate practice doctorate (DNP/DNAP).

Precepted Practice Hours in APRN Programs

In the 2013 NEPIS, schools were asked to report the total number of precepted practice hours required (including assessment labs, simulation, and clinical practice) for their APRN programs of study. In this report, precepted practice hours were defined as the designated portion of a formal advanced practice registered nurse education program that is offered in a health care setting and affords students the opportunity to integrate theory and role preparation in both the population focus area and advanced nursing practice through direct patient care/client management. Precepted practice hours are planned and monitored by either a designated faculty member or qualified preceptor.

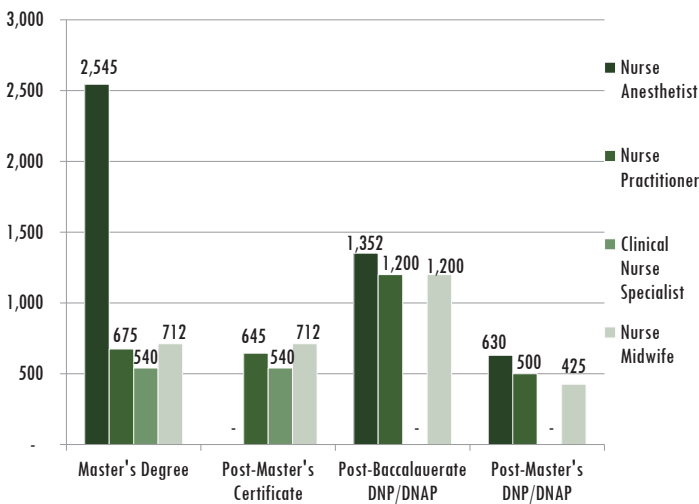
Figure 2 shows the median number of precepted practice hours by program type and level of education.

- Nurse Anesthetist programs require the most precepted practice hours for the Master's degree program, though the range of hours in Nurse Anesthetist Master's programs was wide (from 1,000 to 3,180 hours).
- The median required precepted practice hours in post-master's certificate programs ranged from 540 in CNS programs to 712 in Nurse Midwife

programs.

- Post-Baccalaureate DNP/DNAP programs required a range of median precepted practice hours from 1,200 in Nurse Midwife and Nurse Practitioner programs to 1,352 hours in Nurse Anesthetist programs.
- Post-Master's DNAP/DNAP programs required the least median precepted practice hours. Nurse Midwife programs required 425 hours, NP programs required 500, and Nurse Anesthetist programs required 630.

Figure 2. Range of Median Precepted Practice Hours



Length of Curriculum in APRN Programs

In the 2013 NEPIS, the 25 APRN schools were asked to report the length of their nursing curriculum in credit hours. An average was used when a range was provided. Table 6 shows the range (minimum and maximum value), median, and mean value of length of curriculum by program type and level of education.

- 24 of 25 schools offered a master's degree program, the entry-level degree required to become an APRN. Nurse Anesthetist programs required the most hours for the Master's degree with an average of 71.7 hours.
- 19 of 25 schools offered a post-master's certificate program. Post-master's certificate programs prepared registered nurses with master's degrees for clinical practice in a specialty area. Graduates of this program are not awarded another master's degree. The average number of credit hours ranged

from 24.7 in Clinical Nurse Specialist programs to 30 in Nurse Midwife programs.

- Three of 25 schools offered a post-baccalaureate DNP/DNAP program (BSN to DNP/DNAP). Five of 25 schools offered a post-master's DNP/DNAP program. Graduates of these programs are awarded a DNP/DNAP degree and are eligible to take the APRN certification exam in a specialty area. Nurse Anesthetist programs reported the highest average number of credit hours for BSN to DNP/DNAP at 106, while Nurse Practitioner programs required the highest average number of credit hours for a Post Master's DNP at 42.6.

Table 6. Length of Curriculum in Credit Hours

Master's					
Program Type	Min	Max	Median	Mean	n
Clinical Nurse Specialist	40	49	42.5	43.5	4
Nurse Anesthetist	60	90	65.0	71.7	3
Nurse-Midwife	48	48	48.0	48.0	1
Nurse Practitioner	37	53	48.0	47.1	21
Post-Master's Certificate					
Program Type	Min	Max	Median	Mean	n
Clinical Nurse Specialist	18.0	34.00	22.0	24.7	3
Nurse Anesthetist	n/a	n/a	n/a	n/a	0
Nurse-Midwife	30.0	30.0	30.0	30.0	1
Nurse Practitioner	14.0	37.0	27.0	27.8	17
Practice Doctorate (Post-Baccalaureate)					
Program Type	Min	Max	Median	Mean	n
Clinical Nurse Specialist	n/a	n/a	n/a	n/a	0
Nurse Anesthetist	83.0	129.0	106.0	106.0	2
Nurse-Midwife	75.0	75.0	75.0	75.0	1
Nurse Practitioner	75.0	75.0	75.0	75.0	1
Practice Doctorate (Post-Master's)					
Program Type	Min	Max	Median	Mean	n
Clinical Nurse Specialist	30.0	30.0	30.0	30.0	1
Nurse Anesthetist	30.0	32.0	31.0	31.0	2
Nurse-Midwife	30.0	38.0	34.0	34.0	2
Nurse Practitioner	30.0	60.0	42.0	42.6	5