

POSITION PAPER:

CLINICAL OUTCOMES: THE YARDSTICK OF EDUCATIONAL EFFECTIVENESS

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The safety and quality of nurse practitioner (NP) competency-based education is consistently demonstrated in more than 50 years of patient care research. The yardstick of educational effectiveness should be based on patient outcomes. Educational preparation for physicians and NPs 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 NPs consistently provide high-quality and safe care. In the more than 100 studies on care provided by both NPs and physicians, not a single study has found that NPs provide inferior services. (AANP, 2025) In fact, these studies show that 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 health care before graduate school.

Prior health care education is a significant difference and deserves to be considered in this discussion of education. NP students have 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' responses 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 NP students have experience working as registered nurses prior to beginning NP practice. That care involved administering medications and required cautious consideration of pharmacological agents, as well as assessing patients and making clinical decisions.

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

Population focus from the beginning of graduate educational preparation allows NP programs to concentrate the academic and clinical rotations around the knowledge and skills necessary for patients for whom the NP will be caring. For example, consider a primary care pediatric NP. Their entire time in didactic and clinical education is dedicated to the issues related to the development and health care 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 spent 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. Competency-based education is becoming the standard for health professional education, including in medicine, which is re-examining its 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, stated in AAFP News Now, "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. 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."

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

References:

- American Association of Nurse Practitioners. (2025). Quality of Nurse Practitioner Practice. <https://www.aanp.org/advocacy/advocacy-resource/position-statements/quality-of-nurse-practitioner-practice>
- 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*.